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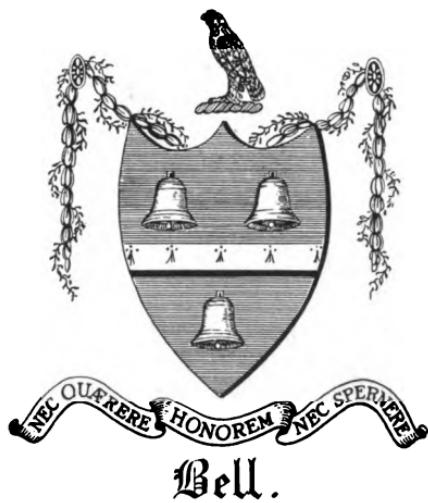


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The Crux of Pastoral Medicine

THE PERILS OF EMBRYONIC MAN:

ABORTION, CRANIOTOMY AND THE CESAREAN SECTION;
MYOMA, AND THE PORRO SECTION.

BY

Rev. ANDREW KLARMANN.



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THE PROBLEM OF LIFE AND GENERATION.

INTRODUCTION.

1. The problem that is bidding defiance to all attempts of the scientists at solution, is the problem of life, and, concomitantly, of generation. The most delicate optical and mechanical instruments have been devised; the most searching investigations into the most secret retreats of life have been instituted; the lowest unit of life has been discovered in the cell; the cell has been examined in its integral, interdependent elements; substitution has been made for the one and the other of these elements for the purpose of discovering and determining their relative necessity in the process of life, and generation, and cell-multiplication; life has been found even in the least dependent elements of the tiniest cells: but whence life comes, is still as deep a secret to the natural sciences as it has ever been.

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2. Moreover, science has succeeded in establishing as a scientific fact the peculiar phenomenon of chemical substitutes for one of the factors of cell-life assuming the activity of the elements eliminated, or, at least, of inciting the activity of the remaining factors or elements in the same manner as the natural factor.

The only difference noticed between this process and that of the union of all the natural factors is this, that the artificial process, introduced by a chemical agency, comes to a dead stop a long time before the germ-cells, the bearers of the generative activity, have accomplished their natural task of perfecting a new individual. This failure may be due to the insufficiency of the strange factor introduced; but it may also be due to the inability, unexplained so far, of the germs under investigation, of sustaining life in artificial surroundings.

However this may be, it is certain that such germs left in their natural habitat, never show traces of chemical combinations; so that it seems safe to assume, that a chemical factor inserted into the life-elements of the cell, and substituted for the native principle, can do no more than excite the activity of the remaining parts or factors, without contributing toward the

process of development that vigor, which would promote the process of generation on the lines of the natural progress toward the efformation of a new individual after the pattern of the species.

But as the efformation of the individual is the termination of the work and purpose of nature, and the individual alone is the subject of life with a purpose of its own, it follows that chemistry is unable to accomplish more than, perhaps, the initiation of the process of life, which it finds pre-existent as its subject of operation.

Thus the application of acetic acid and salt solutions (Prof. Loeb, New York) to the eggs of sea-urchins may set the mechanism of generation in motion, as the warmth of an incubator causes the fructified egg to begin its race toward the hatching of a chick.

But acids cannot assume the office of either protoplasm, spermcell, or pronucleus. In such a simple substance (not philosophically simple!) as the egg-cell of a sea-urchin, the chromosomata may, upon chemical incitement, go through a series of processes identical with the natural process of generation in these creatures, so as to present the beginning of a new individual;

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but the generative process stops this side of its natural termination: as a clock, set in motion by pressure exerted upon its principal wheel (with the spring unwound), moves as if it were in working order; but the moment the pressure ceases, the motion ceases also.

Artificial elements cannot impart the natural tendency of the process of generation; the teleological principle is nature's own, and this it is that presides over the functions of the generative germs of the million species of living organisms, pointing the way to each one according to the pattern of the parent from which it is derived. It is a marvel of consistency that nature reproduces from the germ-cells, so much alike to each other, the infinite variety of descendants which continue the unity and harmony of living nature.

Chemistry may yet unravel the mysteries of the cell elements, the protoplasm, the chromosomes, the filaments of the cell-axis or spindle, the granules composing the chromosomes; but it will (probably?) fail to elicit the spark of life from inert matter by means of acids or other chemical agencies.

Yet, even if chemistry should succeed to evolve by such means a new individual, this

would not solve the problem of the origin of life, in as much as the chemical factor is actuating a cell already living. If chemistry could call forth the spark of life from matter, as dead and dry as ashes, no matter by what process, then it would deserve the palm. It is known, moreover, that in parthenogenetic generation, propagation takes place without the concurrence of sperm-cells of any kind, offering a plain illustration of the futility of the efforts at stamping *every* form of life as seminal: but in this case, neither is the origin of life derived from chemical activities.

3. But every known form of life is *cellular* (except, of course, the life of spirits) :

A reduction to one half of its original germinative elements, the chromosomes, takes place in every germ-cell, the protoplasm preserving its state, in the cell of the ovulum as well as in the sperma. The cells reduced in this manner are doomed to death if they fail of their office of fructification. And besides, the protoplasm and the chromosomes together assume, in the process of generation, a double office, that would seem to be contradictory to their nature as it exists *in transitu*. For, one direction of generation lies toward forming and building up the struc-

ture of the new individual, or developing the type of the species, and for this office alone the generative germs seem to be prepared. The other direction of the generation lies toward increasing the new germ or cell begot of the union of the two original germ-cells. Now, it has been observed in all growth that the mass or bulk of the individual is increased by means of the division of the cells, in which now, in the process of growth, the chromosomes are not halved, and one half expelled, as occurs in the preparation of the cell for germination. This office is also fulfilled by the same cells or germs of generation, opposed as it may seem to their nature and condition.

Hence this admirable adaptation of such scant and simple means to the purposes of generation and propagation must be superintended by a factor which aims unerringly at a preconceived termination; and for the reason that the same original processes and elements terminate in the reproduction of the whole variety of living things according to the exact type of their respective species, this factor must be specifically distinct in each species.

In the ancient, traditional philosophy of Aristotle and the School, this factor is called

the pattern, idea, or form of the thing. St. Thomas (S. Theol. 1. 15. 1. c.) thus defines this term: "*Idea* is Greek, *form* is Latin. Hence by ideas we understand the forms of some things as they exist besides the things themselves. Now, the form of a thing existing besides the thing itself, may be said to exist for two purposes: either to be the pattern of that of which it is called the form, or, to be the principle of the cognition of that thing, according to the saying that the forms of things cognoscible are said to be in the mind of him who knows those things. "And with regard to both (modes) we must recognize (admit) ideas. And this is proved in this way: In all things not produced by chance it is necessary that the form should be the intention of every generation. But an agent would not act on account of the form, except in so far as the likeness of the form is within it (the agent). And this happens in two ways: in some agents the form of the thing to be produced is preexistent according to their natural state of existence, as in those which act through nature: thus a human being produces a human being, fire produces fire. In some (agents) however, the form exists according to intelligible being (existence in the intellect), as we see in those

who act through intelligence: thus the likeness of the house is preexistent in the mind of the builder. And this can be said to be the idea of the house, because the architect strives to make the house similar to the form which he conceived in his mind."

It is difficult to think that a more apt and significant name could be found for this mysterious regulator of living nature.

4. This regulative principle cannot easily be disposed of by theorizing. It is a stubborn reality, a postulate of the sober science of natural philosophy.

But perhaps physiology can relegate it to the obscurity of antiquated and obsolete methods of philosophical speculation?

Physiology could gainsay its necessity as a real factor of investigation only on either of the following grounds: 1) Because it has never been found, or 2) Because something has been discovered, or is discoverable, in its place. But physiology cannot assert that it can dispense with such a factor, no matter of what nature. This attempt has been made by the defenders of equivocal generation, and by the inventors of the mechanical, material or chemical origin of life. But that attempt has signally failed, so

that all respectable scientists who publish the results of their conscientious investigations only for the love of truth, are agreed as to this, that it may serve any purpose but that of science, to maintain on flimsy argument and on such dishonesty as that of the exploded Haeckelian *Bathybius*, etc., that life springs from matter.— There are demagogues even in the household of Minerva. Their principal object seems to be to pave the way for materialism, atheism and pantheism; but their purpose is not sincere, and their eye no longer simple. From Spinoza to Nietzsche, the wind of sincerity would have blown such a freight of ingenuity, diligence, tenacity and acumen as has been sailing the sea of the sciences, into the secure harbor of serene Truth these many years, instead of sophistry and half-heartedness tossing it about from reef and rock to wave-crest and abyss.

Now, science cannot build an argument on the ground that “the regulative, teleological factor has never been found”: 1) Because “*a non esse ad non posse non valet consequentia.*”

2) Because such a factor must of its nature be invisible, as being the expression of an intelligence, either as something real, and distinct from the substance or object, of which it is the

form, as the soul of man; or as something real in the nature of faculties, which come like light from fire, as the souls of the lower animals.

Life is natural motion, or motion from within: *Vivit quod seipsum movet*; let us compare it with the motion of matter, which is ever artificial. Mechanical motion cannot come into question at all, because in it the *motor* and the *movens* are visibly divided, or separated. Chemical motion approaches much nearer the appearance of native motion; but it also is produced by the concurrence of at least two factors.

In the most complicated mechanism, whose purpose is to move toward a certain aim or end, it is the relation of the various parts to each other, and to the purpose of the instrument, which brings about the intended result.

This relation is established by the proper adjustment of the parts to each other and to the whole. But this adjustment is the practical application of the *form* of the instrument, or the *idea*, in the mind of the mechanic. That idea is also invisible in the instrument, but manifest enough in the work of the machine.

Thus also is the *form* of living things the expression of an intelligence in the form of

native motion, or life; for "*vivere viventibus est esse.*"

It is, therefore, in the notion of this form or idea, the applied similitude and power of an intellect, or an operative law, not to be discernible except by its effects; as we can not see the applied intellect of the architect in even such a very material thing as the house, or, of the mechanic, in the machine, except by the effects which we perceive as the product of intelligence and the correct termination of an intention.

"*Ab esse ad posse,*" however, "*valet consequentia.*"

Things which we ourselves construct with a certain end in view, must teach us that things which have a well defined purpose in nature, although they are not made by man, are also made to express a certain idea or form of intelligence; for a certain, determined idea, cannot but emanate from an intellectual principle. The means and the end must be known and calculated for the final purpose. Therefore, that which directs the germinative elements in the way to the natural termination of their activity, is aptly styled the *idea*, or, for the sake of conformity with usage, the *form*.

Hence the teleological factor in nascent life

is not in the mass, which is inert of its nature, but comes from an agency outside the mechanical and chemical forces—from that Intelligence which builds and preserves nature, the Creator.

The other ground on which physiology would build an argument against the necessity of that regulative factor of life and generation, the idea or form, is no less unsafe. For, something would have to be discovered which could unerringly distribute the elements of generation in order not to endanger the stability of the various species, or orders of living things.

If that factor were of the matter, and still could accomplish this end, we would have to concede to matter a superiority and perfection over life. But who would wish to admit this paradox? It would be maintaining, in effect, that the material engenders the idea of the watch in the mind of the watchmaker, which is absurd, for this reason, that then the material would have had to suggest the idea or form of the first watch.

Nor will it further the interest of the inventors of *mechanical* life to say that the *laws* of matter produce life, for, the laws of matter would have to be made either by matter itself, or by someone outside of matter; a law is a

rule with an end, that does not exist for itself, but for the harmony of those things that tend together toward one end. If matter could beget a law, it would rank higher even than the second stage of life, sensitive life; but if someone else makes the laws of matter, so as to force matter to submit to certain regulations in its relation to life and generation—what matters it by what name we call those laws? or what matters it what we call the supreme Ruler of the universe?

This point is made in either event: there is in life and generation necessity of a regulative factor, not the kin of matter.

5. But if the process of generation tends infallibly toward the reproduction of an individual after the pattern (form) of the parental species by virtue of an unvarying regulative principle, what must become of the theory of evolution, or in its milder form, the theory of descendency?

Many observations of eminent scientists seem to point to the possibility, if not the fact, of *new species* developing from such species as have remained constant in themselves. *Videant Consules!*

If the derivation of a *new, specifically determined* order of living beings from one of the old conservative species could be proved beyond

a shadow of doubt, and no other convincing explanation and proof could be advanced but the theory of evolution or descendency, then indeed there would be reason for fears and tears in the old camp. But conjecture and hypothesis cannot overthrow with a wink of the eye the logical deductions from the axiomatic principles of Aristotle and St. Thomas, and their school. The inductive and analytical methods of modern scientists will, in the end, arrive at the same results as the synthetic method of the ancients. They are not going from the centre in opposite directions, but the one with a foreknowledge of the centre, the other with a suspicion, from opposite points in the circumference in the direction of the centre.

Adaptability, it would seem, is the key to the understanding of the apparent variations from customary forms in some species.

The laws of nature are at once so rigorous as to admit no natural exceptions; yet so pliable as to provoke temporary suspension by inter-communion and mutual compensation.

We cannot see without the organs of vision: this is the law. Still since the sense of sight is only an instrument of observation, the principal agency of vision, the mind, can see more,

and can understand more than the eye can scan. Were the mind made independent of sight, how wonderfully wide would its range of understanding—mental vision—stretch at once!

A stone is directed and held earthward by the law of gravitation; still it can be forced to move in the opposite direction, another law suspending the law of gravitation for a time.

Such laws are fundamental laws, and cannot be actually suspended, but rather counteracted or counterbalanced for a time by natural powers. But such are also the laws of life and generation, as we see by the beautiful order that exists in living nature, an order never even slightly disturbed by nature itself.

Some properties, or relations—points of contact with others, if one will—may be modeled on new plans; as we can reduce the force of the law of gravitation in the stone by reducing the bulk of the stone. The inertia of matter may be overcome to some extent by the application of a lever, etc., etc. But we could not make a stone have no weight at all, in present conditions; nor could we by any means impart the power of initiative motion to matter as such: and thus we cannot, by the same natural necessity, set aside the specific factor of genera-

tion, which is the fundamental principle of order in the endless variety of living beings.

Hence there are no such modifications of original species as would constitute a *new* species; because this would open the door to disorder, and, consequently, to universal dissolution, which nature abhors: "Hence because in corruptible things there is nothing perpetual and everlasting, except the *species*, the good of the species is of the principal intention of nature, toward the preservation of which natural generation is directed" (S. Theol. 1. 98. 1. c.).

But as the fundamental laws of nature may be modified in an individual object under stress of necessity induced by collision with other laws (as sight may be lost, and its organs dwarfed in perpetual darkness), so also may a species as such become the parent of an order of beings of the same species which acquire new properties and relations or points of contact with their new and lasting surroundings, or which simply cast off family traits.

But these individuals would not constitute a new *type* in nature; as the races of mankind do not constitute so many species of humanity or intellectual animals who would have to be classed

under a higher genus than *animal*, or under a lower specification than *rational*.

6. But *a*) what is the life-form of the changeable generative germ, and *b*) what is the new form acquired in generation?

a) The generative germ is in a state of transition: 1) because it makes special preparations for this stage by halving its chronosomes; 2) because if it fails of the purpose of this process, it perishes; 3) because in the union of the two germs for a common activity, a new cell is formed, the nucleus of a new being, and now neither ovulary nor spermatic cell.

Hence the germs *in transitu* live only by the influence of the principal form, and have none of their own.

b) The form induced during the process of generation is 1) an acquired form, 2) a new form.

It is an acquired form 1) because the germ has lost its original composition and with it the faculty of continuing life after the old manner, as is evident from its decay if it does not find a mate in the same condition; hence it has lost its own determinative factor or element, a

secondary and dependent form, as a cell; 2) because the preparation for generation was due to the old form, which manifests its elimination in the death of the generative germ if it fail to become an actual element of generation; 3) therefore, in beginning life, after reduction, for a new purpose, it gains a new object, becomes the subject of a new idea, and, in consequence, of a new form—for the purpose of generation is totally different from the purpose of growth, which is the ordinary purpose of the cell, and cell-life.

4) As long as the cell remained in the parental body, it lived by the life of the principal form; this is evinced by the fact that it bears the imprint of the original so indelibly marked that it would determine the nature of the new individual, toward whose efformation it is directing, on the lines of the species; and now, becoming the centre of a new process, free from the parental interdependency, it must also gain a new principle of life and activity. This principle is the form proper to the species, or, the *forma substantialis*.

5) If the germinative cell can, and does throw off the original life principle, or, rather, sever its

connection with it, by death in case of the failure of the generative process, it can just as easily sever that connection at the accession of a new object of its existence, after having severed its connection with the parental organism.

Hence there is no reason to admit the actuation of the new individual produced by the process of generation, except by a *new* form, the form of the order of beings, or species, of which that individual is becoming a member; on the contrary, there is every reason to admit that no other principle but the idea, or form, in the mind of the Creator, as verified in *being* outside Himself, actually superintends the wonderful process of generation. Therefore, the form, superintending generation, is an acquired form.

But the form induced in the process of generation is also a *new* form.

This assertion is partly included in the other statement, "that it is an acquired form." Still there is a distinction in the direction of its purpose.

1) The old forms of the germinative cells were subject to and in union with the principal form, or the *forma substantialis*, of the parent body; the form of the individual intended by

generation, must itself be a principal form, since it must take up and go through the same activity as the parent form, organizing, multiplying and distributing the cells which shall originate from the generative union of the sperma and the ovulum, so as to form the body of the new individual *iuxta speciem*. This end the old cell-form could not attain, being only subsidiary and intermediary; hence the form of the unified activity of the generative germs is a *new* form.

This new form actuating not only part of a substance, but a new being, must be a substantial form. The last form, or the secondary form of the cell as such, could well be accidental or partial since its subject formed only part and accident of a living whole; but the new form, embracing all the parts (cells), and distributing them in a perfectly defined order, can no more be accidental, than the fixed character of the individual which it animates, is accidental.

2) This form is a new form even for another reason: as long as the germinative cells were contained in the respective parental bodies, each had separate existence as a cell in the principal form of the parent; but now, when both are uniting for the purpose of generation, they be-

come one new being; thus they either still possess each its own form, or not: if each possesses its own formal mode of existence, they cannot together progress toward the efformation of a new living individual, for "*vita est in individuo*" (*indiviso*); and how could they be *one* with two forms? But if they do no longer possess their respective forms, and yet live in a *new* cell, they must together have acquired a new form, the regulator of their new existence: in chemistry we find elements in combination forming a new substance, on the same principle, life excepted.

3) It is a fact well known among scientists, that the chromosomes of the germinating cells are dissociated, halved, and one half cast off to perish, while the remaining half must proceed to generate, lest it, too, perish. This process of dissolution, checked only by the supervening of the process of generation, indicates the elimination of the former principle of life and being, and the induction of a new one, if the intention of nature succeeds.

7. Hence we find standing between life and matter the Omnipotence of the Author of nature. All life is by His goodness, and is beholden to

His power. Human life, existing not for the mere sake of man, but participating of the destiny of man, is sacred, even at the moment of its initial formation.

8. It would seem, now, that God would manifest Himself by a revelation from the *abyss* of the world, from its lowest depths, to those who refuse to embrace His revelation from the *heights* of Light Uncreated.

PART I.

CHAPTER I.

ABORTION.

GENERAL VIEW.

1. The source of all misery is Original Sin. Its curse is universal. The whole creation of God beneath the sun is in the ban of the decree: "Cursed is the earth in thy work." Gen. 3. 17. Life is doomed to dissolution and death from its rising, and even the purely material world is incessantly tending toward corruption and decay.

2. But in no creature is the efficiency of the original curse made more manifest than in woman, who provoked the kind Creator to anger and invited that curse: "I will multiply thy sorrows and thy conceptions: in sorrow shalt thou bring forth children, and thou shalt be under thy husband's power, and he shall have dominion over thee."—What a dreadful humiliation for the Queen of the visible world, the erst-while compeer of man!

3. The fury of that curse was abated in part by the God-like charity which Jesus Christ introduced into the world. One of His apostles dared already teach His earliest followers, barely rescued from the gloom and shadow of pagan perversion: "But to them that are married, not I, but the Lord commandeth, that the wife depart not from her husband; and if she depart, that she remain unmarried, or be reconciled to her husband. And let not the husband put away his wife." I. Cor. 10. 11. "So also ought men to love their wives as their own bodies. He that loveth his wife, loveth himself." Eph. 5. 28. Hence woman was readmitted by the Redeemer to the full possession of the rights of the race, of which she had been deprived by both pagan and Jew. The yoke that she had been sentenced to bear was softened, and her burden lightened by the kind offices of sincere, Christian love.

4. But this privilege affected directly only her ethical position, her physical condition remaining unchanged. For Redemption was not wrought by nature, but by the grace of God; and grace establishes new relations only between God and the sinner, not, however, between the Creator and the creature.

5. The physical state of woman has rather deteriorated in proportion to the multitude of actual sins, which hang upon the heel of the first sin and accentuate the misery which it wrought. Sinful deeds, especially when they become a habit, do not injure the soul and morality alone, but work damage, and, in the course of a life, or many lives of the same sinful indulgences, permanent and hereditary ethical and physical impairment, and consequently, a predisposition to fresh evils with succeeding generations.

6. The hereditary *ethical* oneration—if at all existing—is not so very pernicious.—No matter how strong a disposition toward disease may exist, it can be successfully counteracted and eliminated, or, at least, checked, by medical skill applied in time. If we now institute a comparison with the spiritual parts of man, we find there the will, the master of all ethical disturbances; a master who can cope with every other master, but God; a master, at whose nod and beck stand the armies of Heaven, and whose arsenal is the graceful bounty of an Omnipotent God.

7. Still the duties of motherhood, unavoidable ordinarily in marriage, require a strength of

character, and an integrity of purpose, which in view of sin and its ravages, we should think rare, indeed. But to the credit of the gentle sex be it said, there is no creature beneath the sun of heaven more capable of making sacrifice and more willing to suffer for others, than woman; no love more admirable for constancy and disinterestedness, than the love of a mother. This Victim of Providence bears in her bosom the charm that chastens the uncouthness of carnal pruriency, that tames the "wild horse," and, in short, makes of the man a gentleman, where religion, not being admitted to the heart-chamber, must fail.

8. But in the present state of civilization, where religion is denied admittance into the councils of the public, many natural conditions are overturned. Public life is to a great extent only a mask of private degradation. Wealth and opulence are wrapt in an air of haughtiness that cannot but provoke the disgust of the ingenuous, and the anger and envy of the lowly. The rich set the example of secret murder for the sake of widening the sphere of sensual indulgence and avoiding the anxieties of child-birth and the expense of bringing-up and education.—It is not a strange phenomenon for the

observer by the way-side, to see the temptation laid at the door of matrimony, to shirk its sacred duties, or to assume only that part, which costs no immediate sacrifice, and whose effect can be conveniently frustrated.

9. Moreover, the demands made upon the health and strength of girls and women in the workshops of factories; the habit of spending the better part of the night in riotous amusements; poor food, and insufficient clothing in winter; early knowledge and indulgence of pleasures that are justified by conjugal love alone, such as intimate association with persons of the opposite sex, turning the imagination into a caleidoscope of amatory revels—if worse do not befall—; and above all, the deplorable “errors” of early youth: all these misfortunes unite to render the Flower of the creation less fit from generation to generation, to bear and bring to maturity healthy fruit.

The very delicacy of the mechanism which nature appoints for weaving flesh and spirit together into human life, must teach that an injury inflicted upon the health of the woman, results inevitably in an injury, often irreparable, to the most delicate parts of the future mother.

10. For, a woman who offers her cincture

at the Hymeneal altar, assumes with her new state not only the wreath of the bride, but likewise the tight-sitting diadem of the mother. Soon must the blossoms of the chaplet fade; but unless she criminally declines the burden of motherhood, which makes her the queen of her little circle, the chaplet will only fade to reveal a precious circlet, in which every new being risen from her womb, shall add a new jewel.

11. Hence woman is held not only to discharge her conjugal duties to the full extent of their demand, but also to avoid, both before and after marriage, whatever may threaten the sanctity of her position in the great family of God.

In assuming the rights and duties of matrimony she binds her life to that of her children as well as to that of her husband.

She cannot escape responsibility before the tribunal of God, if through aversion, or culpable neglect, she frustrates the designs of her sacred contract, or of nature. Whatever may endanger the life she consents to bear in her womb, is an offense against her state of life, an act of immorality, if the cause of that danger is direct, and under her control. With that life she holds a pledge from God, which He alone can redeem, the Author of life.

12. In the face of these serious considerations it is idle to advance the following principle, variously stated, in defense of abortion and embryotomy: "In a desperate case the life of the unborn child is a negligible quantity, which must be regarded as non-existent;" "The child threatens the life of the mother, and is, therefore, to be treated like an unjust aggressor;" "The mother enjoys priority of right over her unborn child." This absolutely false and pernicious principle has lent countenance to the murder of numberless innocents, has supported the infidelity of "respectable" men and women, and veiled the cowardice of "martyrs" to their conjugal vows, nay, even stopped the search of the medical science and art after means and methods of relieving—or, rather, anticipating—"desperate cases" with the skill and precision that we admire so much in modern surgery. Happily enough, Cassandra has not cried in vain; the principles of Christian morality, which are, in effect, only an enhancement of the natural ethical laws, are no longer banned from every lecture room and operation table. But the abatement of convenient and conventional nuisances can not be accomplished in a day, nor by the few; the creating of a universal public con-

tempt and abhorrence alone will eradicate so prevalent an evil as feticide. A long step in this direction has been taken by Father Charles Coppens, S.J., in his lectures on "Moral Principles and Medical Practice," and the most eminent men of the medical profession have begun to raise their voices in earnest protest against abortion and embryotomy as against murder. But there is still ample room to "fight the enemies of Catholic ideals; there is no compromise, no alternative" (J. F. Hultgen, M.D., "Cath. Fortnightly Review" XII. 1. 1905).

DEFINITION OF ABORTION.

13. The foundation of the distinction between abortion and other modes of interference with a pregnancy, is the condition of the life of the fetus. The development of the fruit of the womb may have progressed to such a stage as will enable it to continue life outside the womb, either independently, or with the assistance of the medical art (incubation, artificial feeding, etc.), although the natural termination of the gestation has not yet been reached; or the development may have been intercepted at a stage when an unfortunate disturbance of the

fountain of fetal life brought the pregnancy to a disastrous termination.

14. The bringing forth of the viable fetus before the natural termination of the pregnancy is called premature delivery; the effusion of the fetus at a time when it is not capable of sustaining extra-uterine life, is called abortion. And it is not necessary for this process that the fetus be killed in the womb and then ejected; it suffices that the vital conditions of the fetus are destroyed, to brand it as the crime of abortion.

PRINCIPLES.

15. Abortion is the interruption and elimination of the process of pregnancy and gestation. This process is the work of nature, or a physiological process, by which is produced a new being according to the human species.

16. Hence abortion is a violation of the laws of nature.

17. Abortion involves the death of a human being; hence it is also a violation of the positive law of God "Thou shalt not kill!" And assuming the right over life and death, it rebels against the supreme dominion of the Creator: "I will kill and I will make to live." Deut. 32. 39.

18. The moral aspect of abortion must, therefore, be determined by comparison with the fundamental rules of morality, that is, with the commandments of God, the voice of conscience, or the common consent of the human race, and the ruling and teaching of the Church, commissioned by God to be the teacher of mankind in His stead.

19. (a) As to the first criterion, it is evident from the curse of Cain, the first man to shed innocent blood, as well as from many other prohibitions, besides the Fifth Commandment, that God forbids murder, the killing of the innocent.

(b) The conscience of the race, or *sensus communis*, has formulated a most comprehensive principle, the very key-note of the human conscience, that "Evil must not be done for the sake of the good resulting therefrom" (*Non sunt facienda mala ut eveniant bona*). This principle is derived from the fundamental principle of ethics, upon which is raised the moral structure of our nature: "The good thou shalt do, the evil thou shalt avoid."

(c) The Church has ever interpreted the divine and the natural law, applicable to this

subject, to mean that "It is never allowed to procure abortion directly" (*Nunquam licet directe procurare abortum*).

20. The proximate deduction from these principles is, that direct abortion is a wilful violation of the laws of God, of nature, and of ethics; hence for the reason of the importance of its object, murder, a mortal sin.

21. A similar violation is to be considered in what is popularly called miscarriage, that is, abortion ensuing indirectly.

But the spiritual adviser must be very prudent and charitable in determining the degree of responsibility in this untoward event. Miscarriage may result from causes so remote and so secret as to elude the watchfulness of most conscientious mothers: from indisposition of the womb, contracted at a time when the question of child-bearing had not entered their minds; from syphilitic infection by a brutal husband; from uncontrollable depression of spirit, etc., etc. A violation of this nature, which cannot be remedied, is merely material, and is free from moral guilt.

But miscarriage may be caused also through

recklessness, or sheer neglect of mothers, or by violence done to them: not indeed with the intention of destroying the fruit of the womb; for this would constitute murder; but from subjective motives, such as passion, "practical joking," and the like.

Now, some degree of responsibility must attach to a miscarriage which could have been foreseen and prevented; because anyone who by virtue of his office and condition assumes the care of an object, is held in conscience to such a degree of responsibility for the safety of his trust, as will justly compare with its value. But there is nothing more precious among earthly goods than human life, and nobody charged more rigorously with the care of intra-uterine life than the mother: therefore, the neglect of this sacred trust is a violation of office, not assumed from man, but from God Himself, in matrimony; consequently, indirect abortion assumes the same proportion of moral guilt as the neglect which produces it.

But it is more gratifying to forewarn than to judge an unfortunate mother. Here, if anywhere, "an ounce of prevention is worth a pound of cure."

DIVISIONS.

22. In the various books of Pastoral Medicine, and others, which treat on this subject, the divisions in vogue are principally the following:

- (a) Physiological abortion, as opposed to mechanical; *
- (b) Direct and indirect;
- (c) Involuntary or accidental, and voluntary; **
- (d) Artificial, subdistinguished into therapeutic and criminal †—medical abortion (and spontaneous).

The members of these divisions are variously defined, and the definitions variously trimmed to suit certain exigencies, notably, the traditional “desperate cases.” But the latest decisions of the Holy Office, and the latest works of Catholic theologians and of eminent physicians (Coppens, Eschbach, Stoehr, Capellmann, Antonelli, Marx, Olfers, Saenger, Olshausen, Tait, etc.), have shed so much light on this subject, that confusion should be impossible, and false definitions can no longer serve any purpose but to conceal either indifference to the moral law, or incompetency.

* Stöhr-Kannamüller, *Past. Med.*, p. 437.

** Eschbach, *Disp. Phys. Theol.*, p. 274.

† Appendix, *Right to Life*.

CRITICISM OF DEFINITIONS.

23. The interruption of a work of nature from without constitutes an act foreign to the course of nature, and is, therefore, not physiological. Hence abortion being the work of an agency foreign to the termination and course of nature's work, cannot be a physiological process. It does not matter whether the agent of an abortion be a drug or an instrument; its effect is a violation and destruction of the office and purpose of the pregnancy, which nature preserves and favors. Nature does not destroy the objects of its intentions: "Nature tends (is directed) toward one end," *Natura determinatur ad unum.*

Even if the abortion ensues from the indisposition of the womb or of the fruit itself, as in the case of syphilitic contamination, the cause of the indisposition is really the primary cause of the abortion, according to the principle: *Causa causae est causa causati.*

But that indisposition is not caused by nature, left unhampered in its work.

Still, in as far as the agency of such an abortion is remote from the scene of the havoc it has wrought, and has produced a condition

with which nature must now actually labor and contend, like the sense of vision with eyes dimmed by cataract, this abortion has been called *physiological* by mistake. It is in effect a spontaneous abortion; not as if it had not a definable cause, but for the secrecy and precision with which it proceeds.

It is this hampered condition of nature in which nature works indeed, but not with its full powers, that has misled such eminent physicians as Stoehr and Capellmann to call an abortion as direct as possible, like medical abortion, a *physiological killing*, when the abortion is induced not through mechanical violence, but through the destruction of the physiological condition of the embryonic life. Says Dr. Stoehr (op. cit. p. 437): "By physiological killing I understand the induction of the abortion, in so much as the vital conditions are thereby taken away from the fetus." And Dr. Capellmann (Past. Med. 1904, p. 17): "In this case (locking of the pregnant womb) the peril of the mother does not arise from the pregnancy in the *physiological sense*, but is caused in a purely mechanical way by the enlargement of the womb," as if the enlargement of the womb were not a physiological, i. e., natural result of

the pregnancy, and could be attacked without also directly attacking the pregnancy.

There is another reason which prompts the rejection of this term, *physiological killing* or abortion. It is made the hiding-place of a process which has been called by such names a therapeutic, medical, and indirect abortion, with the insinuation that this process is permissible if it can only be tucked away under the wings of long-suffering nature; not that these terms are unjustifiable as mere names; but because they can be made to cover the crime of feticide with the cloak of nature, and, therefore, to escape the strictures of the *Nunquam licet*, if they are allowed to parade in the guise of a purely *physiological* process.

Physiological killing by the induction of abortion, therefore, is as irredeemable an opposition of terms as a "glass" eye, and, at best, a misnomer; for although we speak of glass eyes, yet we do not see with them.

CLASSIFICATION OF PHYSICAL EVILS.

24. The division or classification of evils cannot be based on a common formal, or final cause,* as evil implies a deficiency in its sub-

* *Summa Theol.* I. 49, I. c.

ject. Abortion—aside from its moral bearing—is an evil in so far as it imports a frustration of the effect intended by nature in the efformation of the new being which is the *terminus ad quem* of its work.

Mother and child are during the greater part of the gestation period, i. e. up to the period of the viability of the fetus (at least the end of the fifth month), physiologically *one* being; not indeed, *one whole* physically: the child is neither part of the mother's body, nor identified with the person of the mother, so as to lose personal existence at any time; but it is a being in the process of physical development, and, therefore, dependent upon the mother for its fountain of life. This physiological union is the way, so to say, by which nature works its end, the birth of a mature child.

Now, abortion, which is the elimination of this physiological process, cannot itself be a physiological process. It constitutes a defect of the natural process of generation.

25. The subject of the process of abortion is the pregnant mother, not merely the pregnant womb: therefore, the pregnancy in its totality. Some disturbances affect the pregnancy immediately or directly, others, indirectly, by

means of intermediary causes. And thus we distinguish abortions as *direct* and *indirect*.

26. Direct abortion is that which is procured as the immediate end of the invasion of the pregnant womb.

It may not be amiss to observe that the "end of the invasion" means, not the *intention* of the operator, but the natural and necessary end and object of the work undertaken.

27. This limitation is made in order to foil the pass of perplexity. There are authors of great authority in these matters who claim that, no matter how direct the killing of the fetus may be, it must pass for indirect abortion if the operator does not actually intend the killing. But a sane man cannot do a thing without intending doing it, except, perhaps, his own perplexity has confused his ideas.

28. Indirect abortion is that which ensues from a disturbance of the pregnancy produced either by a remote cause, or by intermediate causes inducing the incapacity of the pregnant womb for its natural functions.

29. Direct abortion admits no subdivisions. The distinction between direct therapeutic and criminal abortion is an illusion, or a subterfuge. Whether direct abortion be procured by a phy-

sician with the approval of the law, in order to relieve the danger of the mother; or simply in order to free the mother from an unwelcome occupant of her womb; or, lastly, in the dark, by the mother herself, with or without the assistance of some conscienceless physician or midwife,—it is *murder*; for “*Nunquam licet directe procurare abortum.*”

30. *Indirect abortion* admits subdistinctions. The disturbances upon which indirect abortion ensues may proceed from internal and external conditions. But in either event the abortion is due to a defective state of the pregnancy. This defect may be found in the fetus as well as in the mother. But if the abortion proceeds from a condition of the pregnancy with which nature was burdened from the beginning, and which, therefore, is inherent in either child or womb, the abortion may be said to be in part a natural process, as we often call a disease a natural process. Such an abortion might be called *physiological*, if one would retain a term so misleading and incorrect; but it is properly called a *spontaneous* abortion. It proceeds from within the subject without a traceable immediate cause, and answers the state of disturbance in its own elements.

31. If the abortion proceeds from a disturbance of the pregnancy, induced by an agent foreign to the pregnant womb but not attacking it directly, it is called indirect *therapeutic* abortion, when the direct object of the interference is the cure of the mother. This abortion is neither intended, nor foreseen to follow *ut in pluribus*; but its risk is assumed for the sake of an important end to be gained, as a bare possibility, or probability.

REVIEW.

32. According to the distinctions and definitions in vogue with many writers on this subject, spontaneous abortion is that which ensues naturally, as by accident. This, however, can be verified only in the event when the generative and gestatory organs are in such a state of debilitation that their energy suffices for the offices of a conception, without assisting the initial process in its progress toward the natural termination. Then, indeed, the abortion *happens* without any direct cause disturbing it, as it was a misconstruction of the physical elements underlying pregnancy from the beginning. But

this the authors do not always intend to signify. "*Spontaneous abortion*" is applied indiscriminately to this accident and to that abortion which follows upon some definable cause, although this cause may have been placed without any aim at its murderous effect. The former alone is really spontaneous and accidental while the latter is indirect.

We have here in the physical sphere the same condition that we find in the moral. One man commits reprehensible acts in consequence of the depravation of his moral faculties through invincible ignorance, or through imbecility, and thus escapes the censures of conscience; another, through vincible ignorance, or unbridled concupiscence, and is held to such a degree of responsibility as corresponds to his obligation of instructing and governing himself.

Physiological abortion, as paraded by some authors, would be that which ensues in the course of medical treatment, whether *post hoc*, or *propter hoc*, if only the purpose of the author is to heal.

But it should be called *therapeutic*, when it ensues indirectly, i. e. *post hoc*; *criminal*, when it ensues directly, i. e. *propter hoc*, as the object of the medical treatment, whether intended by

the author, or, by a fiction, excluded from the intention, when it cannot be excluded from the treatment as its direct effect.

Mechanical abortion, as championed by the authors, is *direct* abortion on their own admission; but, permissible, as they claim, as the only available means of saving the mother's life; criminal, only as a welcome expedient of disencumbering the pregnant womb.

33. These distinctions are not exact; they collide with each other. This unbeseeming confusion has arisen from the tenacity with which some modern authors, and many practitioners, protected by wicked laws, cling to the pagan error of assuming that the unborn child is "a negligible quantity" in a desperate case. It is an unscientific and immoral assumption; and "desperate cases" are as fast going out of practice, as medical skill and courage are coming in. With the triumphs that modern surgery is celebrating everywhere, a "desperate case" of pregnancy and child-birth is very liable to bring back to the memory of the medical expert—which every obstetrician ought to be—the old classic hint: "*Risum teneatis, amici.*"

HISTORICAL REVIEW.

In 1620 Fienus maintained on good ground that the human soul was infused into the embryo as early as three days after conception; 28 years later Florentinius, a religious priest, taught openly that the human soul was the intelligent soul from the moment of conception. Zachias, the pope's physician, at the same period adopted that assertion as a certainty. The ancient medical view, adopted from the speculations of Plato and Aristotle as opposed to the teaching of Hippocrates, began to be disowned. It should thenceforth have been laid aside, instead of supporting upon it the old theory of a new subject.

Still even in 1620 the question of human animation was not quite so new and novel as to serve as an excuse for medical abortion; the true excuse has ever been the inability of medicine to conquer the difficulties of the traditional "desperate cases." The ancient Oriental Fathers of the Church, following the lead of Tertullian and Sts. Gregory and Basil, resting their teaching in part on the physiology of Hippocrates, and in part also on the philosophy of common sense and the *sensus communis*, quietly, but intrepidly championed the

principle, that the human embryo is animated by the intellectual soul from the moment of conception.

Nor was the opinion of the Stagirite much in vogue anywhere before the establishment of the *School* of the Middle Ages. As long as St. Anselm, Hugo of St. Victor, and Peter the Lombard, and the spirit of freedom, engendered by their intrepidity, dominated the minds in the West, that artificial theory of the succession of three souls in human animation was not deemed worthy of serious consideration.

It is true, these master minds could not unravel the mystery of human animation, being obliged to take their premises from a science then in its swaddling clothes; but they repudiated, as inconsistent with the sense of their Church, the unfounded theory of a threefold *form* in one subject.

But when the masters made their humble bow to Aristotle, and bent low at his feet, his light became the beacon for the busy searchers of the mysterious coasts. Physical science was then more myth than mystery.* Even the great

* *Albertus Magnus*, however, did not bind himself in his research to traditions.

Angel of the Schools, St. Thomas, idly moored his redoubtable prow, once and again, in shallow bays, and lost his bearing for a little while: only in deference to the Master's authority, and contrary to his own better knowledge and judgment.

In the West, therefore, two opinions contested the ground: 1) That of the theologians before the rise of the School, holding that the human embryo is animated by *one* soul, the human soul, the human principle of life and intelligence, as soon as the elements constituting the body have assumed shape; 2) That of the School, holding that the human embryo is animated successively by a vegetative, a sensitive, and lastly, an intellectual form. The moment of animation, like the moment of *formation*, upon which they insisted so strenuously, was not fixed. Still it was practically assumed at so early a period, that it comprehended that stage at which pregnancy is more likely to give cause of complications and perplexity, that is, between the first and the third month, the shorter term being accorded the male, the longer, the female embryo.

This view is as effectually subversive of the theory of "negligible quantities," as the most modern, since we can never determine whether

an embryo is male or female, at that stage, and hidden in the maternal womb; nor can the beginning of a pregnancy be fixed at a certain moment before the lapse, ordinarily, of a month.

The *sensus Ecclesiae*, however, discountenanced direct abortion from the beginning, not taking sides with either faction, but proclaiming abortion a violent invasion of the sacred right to life. St. Basil, in a letter to Amphilius expresses the position of the Church in these words: "She who purposely destroys the fetus, must suffer the penalty of murder. And it does not matter to us, whether the fetus is formed, or not formed."

Balsamo, the patriarch of Antioch, comments on this rule as follows: "But this was said for those who maintain that no murder is committed by inducing the abortion of a fetus which has not yet been formed, because (they say) a man is not formed immediately from the semen injected into the womb; but it turns first into blood, then grows and changes into human flesh, afterward taking shape and developing the members and the parts." (Eschbach, Disp. Phys. Theol., Disp. 3.).

Thus we find that during those long years of scholastic disputes the Church stood calmly

in the midst of the disputants, ever protecting the nascent life, and warning the more ardent and aggressive combatants against a foul pass. As long as they were only theorizing, she could well afford to be at ease.

The new light thrown upon the subject of human animation, could not cause even a shadow of doubt to fall on the ancient and consistent practice of the Church.

But this new light did throw a heavy shadow on the traditional medical practice. In olden times the practitioner sought to justify direct abortion in a difficult case by comparing the value of the mother's life with the worthlessness of a conception believed to be little more than a bundle of flesh akin to an ordinary tumor. In these our own times, those who repudiate the obligation of the Christian moral law, still have recourse to the same unworthy subterfuge; whereas those, who acknowledge allegiance to the moral code, point to their own utter helplessness in "desperate cases"; cases, made desperate only through the inability of their art to relieve them. The innocent occupant of the maternal womb is forthwith denounced as an "unjust aggressor, and sentenced to destruction."

The Church did not have to face about, because its position has always been correct; but both the profession and jurisprudence must change their position. They stand on an exploded theory, and are guilty of tergiversation unless they candidly admit the criminality of direct abortion in any case. Medicine and law must take sides with the Church, lest they lay themselves open to either of these two charges: 1) That they disregard the sacred rights of the race—we say, *race*—because direct abortion tends, as the history of the ancient pagan nations testifies, toward the destruction of the race, touching, as it does, with its wicked finger the very vitals of society, the end and purpose of the matrimonial state; 2) That they are incompetent to exercise, or regulate, an art, whose scientific basis has been changed, while its methods are still lumbering in the tracks of an antiquated juggernaut.—

It should be the boast of the medical art to overcome to the satisfaction of the mother and the safety of the child, all obstacles that may be found in child-bearing and parturition, for this is one of the chief purposes, and certainly the most important, of medicine, as there is in these circumstances danger of losing two lives at once,

or of directly sacrificing one to preserve the other.

The sophistry of the wicked and the incompetent alike, as much as the readiness of the afflicted to condone the wrong done to another in order to save the precious self, have conspired to wean the profession from their duty to delve into the utmost recesses of their art, and to exhaust its armory for the discovery of means wherewith to safe-guard both lives, that which is commended to their skill by man, and the other which is entrusted to their justice and charity by God. Physiology has now no means at hand to discern the condition of the fetus, or even its existence, before it manifests its small life in the manner of the mature man! Let the medical art devise a method of exploring the secrets of the maternal womb with as much certainty as it explores the brain, the liver, the kidneys, the stomach, and other organs and parts of the human body—and the moral codex will no longer stand in its way in the form of that terrorizing tyrant that it is now unfairly adjudged to be.

The position of law and medicine in reference to abortion (and embryotomy) is not only antiquated in view of the triumphant surgery now

holding death at bay in so many cases, formerly considered more "desperate" than a troublesome pregnancy, but it is criminal. To what dire mistakes those ancient views have led the most sincere minds, may be gathered from the fate of Dr. Capellmann, a God-fearing Catholic physician, the Nestor of Pastoral Medicine. In his far-famed book he calls a case of the most direct abortion, the perforation of the amnios, *physiological** abortion: "In this case the danger to the mother is not caused by the pregnancy, in the *physiological* sense, but simply by the mechanical enlargement of the womb," he says; "the discharge of the water removes this mechanical obstacle, contracts the womb, and this contraction has for its immediate result, the possibility of replacing the womb, and thus averting the danger to the mother, *before the abortion*, that is *certain to follow, may ensue*," etc. Capellmann here employs an equivocation: he calls the danger of the mother from the locking of the pregnant womb in the upper strait, a danger from a *mechanical enlargement*. But is this enlargement not natural? Does the danger not result

* See Stöhr-Kannamüller, op. cit. 1900, p. 437.

rather from the *misplacement* of the womb? And if the reposition of the womb cannot be accomplished except by withdrawing from the fetus its life-element, and directly incapacitating the uterus for the continuance of its physiological office, can the resulting abortion—"which is certain to follow"—with any semblance of sincerity be said to be simply a deplorable, but natural event, following physiologically from an innocent factor, like indirect therapeutic abortion? Dr. Capellmann's case is a case of direct, mechanical abortion, and has been condemned by Stöhr-Kannamüller (*Pastoral-Medizin*, p. 441. Ed. 4, 1900), and others.

In mechanical abortion procured for the purpose of liberating the mother from the danger of death, or from very grave illness, the removal of the fetus becomes only the *occasion* of relief (but not as frequently as mothers may be made to believe), since the fetus is not the cause, but merely the *innocent* occasion of the evil condition. For, assuming the healthy condition of the mother, and ordinary prudence on her part, commensurate with her duties, pregnancy proceeds naturally, and normally. But if her physical capacity for her momentous duties had been impaired before

she offered herself to the 'sacred duties of motherhood, must the innocent life that slumbers peacefully beneath her heart be sacrificed to her cowardice or imprudence?

Mechanical abortion can in no sense be called therapeutic, since its object is not the cure of a disease, of which the fetus is wrongfully made the *cause*; but rather the destruction of a work placed by nature, with the consent of the mother, where it belongs, and where it has a natural right to be. If any disorders arise from the pregnancy, they must be remedied by correcting an error into which nature is forced by agencies foreign to the physiological process of gestation, and not by "spilling the baby with the bath." A wide field is here opened for the exercise of the skill, zeal, and ingenuity of the physician.

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F. CAUSES OF INDIRECT ABORTION.

CAUSES OF SPONTANEOUS ABORTION.

REMOTE CAUSES.

34. The remote dangers of (spontaneous and therapeutic) abortion are so numerous, that in many instances it is not only very difficult,

but well-nigh impossible to ascertain whence the deplorable event took its effect. The state of pregnancy alone affects the mother's physical, and often, psychical condition so strangely, that she often appears to be changed into her very counterpart. In some cases even decidedly unnatural conditions are produced.

35. "It is certain," says P. Eschbach (Disp. Phys. Theol. Disp. I. cap. 5.), "and confirmed by daily experience, that pregnant women crave, as ordinary food, not only things injurious, such as are salty, sharp, bitter, and laxative; but also things absurd and dangerous, such as yeast, coals, ashes, gypsum, quick and slackened lime, earth, sand, pebbles, tow, wool, cotton; and sometimes even things unnatural, as raw eels, spiders, lizards, and human flesh."

36. Speaking of the influence of the pregnancy on the mind, he continues:

"The influence of the pregnancy on the moral disposition, it will be seen, is no less powerful. Indeed those who have before been known to be meek and loving, become thoroughly irritable, daring and jealous; who have been of sound judgment and mature counsel, tried in patience, are now stupid, giddy, impatient, and even prone to suicide."

G. PROXIMATE CAUSES OF INDIRECT ABORTION.

38. The causes which are more proximately connected with abortion, and in consequence also come more closely under the strictures of the Fifth Commandment, are thus enumerated by Cangiamila (P. Eschbach, loc. cit.):

“The brutality of the husband in striking or tormenting his wife; the imprudence and temerity of women undertaking journeys, or lifting burdens too heavy for their strength, at least during the time of pregnancy; the lack of proper food and drink which they often crave with uncontrollable vehemence;* the immoderation and rashness with which women often disregard the preservation of health and strength; severe fasts; jumping or dancing; clothing too tight, to affect a graceful figure.”

Extended wedding-tours, and the corset belong in this list in our days. “Modern physicians,” P. Eschbach continues, “teach the same: All motions and actions causing a violent concussion of the body must be avoided by women in pregnancy: jumping, dancing, riding. They should also be very careful not to drive over

* which was respected by the law in olden times.

cobblestone pavement, and other rough roads. Nay even the riding in the constantly vibrating trains (of the rail-road) brings on abortion quite frequently; and, therefore, long journeys by rail, unless they be necessary, should not be undertaken; instead of the ordinary sewing machine, a hand sewing machine should be used; excessive indulgence in the use of intoxicating beverages, which can never be excused, may kill the conception in the first months."

What has been said of the riding in trains, applies with redoubled force to the riding in the jerky trolley-car, especially with women reared in the cities, where effeminacy, want of air and sun-light, vanity of dress, and sedentary habits conspire to make the young mother's womb an open grave.

39. But even when the physical condition remains normal, abortion frequently happens from various disturbances so remote as practically to elude the strictest attention: such as hereditary predisposition (oneration?), affecting the nature of the temperament, or the physical complexion; early youth, or advanced age; change of climate, mountain air, severe weather, disease, and acute sickness.

H. ILLUSTRATION.

We may fitly compare the fruit of the womb with the fruits of plants and trees. The seed takes the place of the embryo; the substance within the seed, takes the place and fulfills the office of the placenta, in some; in others, of the placenta and the amniotic liquid; the coat (or the shell of the stone), that of the amnion and chorion.

Now, in the generation of plants (to transpose our terms), not all the flowers do seed, nor do all the green fruits attain ripeness. Nature is lavish with the gift of beauty. In May we find in the shadow of the cherry tree a carpet of withering blossoms; in June, a very bone-field of rejected fruits.

We shall leave the decaying flowers out of our comparison, and retain only the fruits.

In the early days after blooming, many of the cherries are torn off by the wind, or broken off by the branches, or by the other fruits in the same bunch, striking against each other when agitated by wind and storm; others are attacked by insects, and employed as incubators, and not being able to serve a twofold purpose,

they succumb to the foreign imposition. But in a healthy tree, so much of the fruit will ripen, as will not be disturbed by violence.

If the tree is sick, attacked by the rot, etc., its fruitfulness is diminished, or destroyed, in proportion as the debilitation or decay has progressed, and the fruit yielded, is puny and tasteless. Thus we see trees bloom like brides in spring, and mourn like widows in fall, bare of the fruit of which they had given such cheerful promise.

The physiological conditions of propagation are radically the same in all creatures below the sun. Hence the process of generation and gestation in the human mother develops naturally and smoothly, if she is healthy, and her condition normal. Whenever this process becomes troublesome, the fault lies with the subject, or the *terminus a quo*, not with the object, or the *terminus ad quem*, of generation; because the object is the work of inflexible and predetermined nature, whereas the subject, preexistent, and exposed to the ravages of the universal curse of sin (dissolution), may turn aside from the course prescribed by nature, and has already acquired velocity and momentum, so to speak, on its way to its own dissolution, even while it

is striving to reach the zenith of its natural perfection.

The agencies of disease and disorder, generally, are manifold. But the fruit, the object of nature in the work of generation, is innocent of the disorders that may endanger its own, together with the mother's life and well-being. It must, therefore, never be attacked as an aggressor.

As we distinguish two ways in which the fruit of trees is intercepted on its course toward maturity, so we also distinguish two ways in which the human fruit is intercepted. Fruit dies and is dissociated from the source of its life either by violence, or from inability of the mother tree to sustain a second life-process.

If one would remove a cherry from its native twig before it is ripe, intending simply to remove from it the green flesh,—let us say, for medicinal purposes—would he not also have removed the stone, the real fruit? Would his act not be the direct cause of the death of the germ within the stone, irrespective of his kind intentions?

And if one would perforate a cherry in order to extract the liquid substance of the stone shell, not separating the fruit from the stem, and thus

make the seed-germ die: would he only indirectly become the cause of the destruction?

Could such an act be therapeutic? Would the cause of the destruction wrought, be a physiological cause?

But now, if one would, in order to save the tree from destruction by caterpillars, apply a solution to the leaves and boughs, that is apt to kill the infesting pest, and, accidentally, some of the fruit indirectly, let us say, by causing the more tender twigs to wither: the destruction ensuing would be ascribed to the physiological indisposition produced by the preventive poison, and would therefore be an evil in the subject, interrupting and destroying accidentally the physiological process of the growth to maturity.

And if the tree with its unripe fruit is suddenly overtaken by a sharp frost, the fruit must die from the same general injury, that is, from the inability in the tree to maintain, or rather, to reestablish the conditions for the life and growth of its fruits.

Therefore, to conclude the illustration: Abortion is the interruption and elimination of the natural process of generation and gestation at a period when the fruit of the womb is not yet viable. We have set forth that the destruction

of the fruit may ensue indirectly, that is, upon the same ground upon which rest the principles or conditions of life for both fetus and mother (fruit and tree); or it may be brought about mechanically, or, artificially, directly, by violence. Indirect destruction follows in the wake of an outrage committed against the subject; direct destruction follows a violent attack upon the object of the physiological process, the fetus. In indirect abortion, the moral responsibility must be measured by the degree of injustice, if there be any, on the part of the agent in his invasion of the subject. In direct abortion, which aims at the *term* toward which the whole process is tending, whose way, therefore, is an evil way of its very nature, leading to murder, the responsibility is fixed by the Author of life in His Commandment:

“Thou shalt not kill!”

CHAPTER II.
APPLICATION OF PRINCIPLES.

THERAPEUTIC AND ARTIFICIAL ABORTION,
OR
INDIRECT AND DIRECT ABORTION.

1. We have shown in the preceding treatise that the medical treatment of pregnant women must never be instituted without proper regard of the germinating life, whose right to protection *in any case is inviolable* by law of God and nature.

2. It is plain that every abortion, except that which results from remote and uncontrollable causes, is more than a mere accident to be deplored, as soon as we divest our mind of the nefarious habit of considering the unborn child less a man for having not yet engaged our sympathies.

3. The moral view, rather than the medical, determines the position which the physician must take in respect of abortion, because it involves both the rights of God and of man, with the right to life, the gift of God.

4. Physicians ought so much the more readily to respect the claims of the moral law, as the disregard of them casts a shadow not only over their moral character, but, at least in the eyes of their more honest and more competent colleagues, also over their professional reputation. "We blush while we record the fact, that.... even medical men are to be found who, for some trifling pecuniary recompense, will poison the fountains of life, or forcibly induce labor, to the certain destruction of the fetus, and not infrequently of the parent," says Doctor Hodge in a lecture on *Obstetrics*, as quoted by Father Coppens, S.J., (*Moral Principles and Medical Practice*, p. 71.).

5. The physician who stands in the field fully equipped well understands the harm wrought by the injudicious interference with the work of nature; he would not commit himself to dissembling the injury, inflicted upon the health of the parent, by assuming the role of a benefactor when he is the minister of death and destruction. To this hypocrisy, however, the dishonest practitioner must commit himself, would he justify an abortion procured even as a remedy, in the eyes of the ignorant.

"The question of indirect abortion must be

discussed principally in connection with the medical treatment of the pregnant; but just in this case, in my opinion, one need not be over-anxious. There are few medicines which, in the dose administered for the cure of diseases, bring the danger of abortion; moreover, experience teaches that the end intended in criminal abortion is rarely compassed by means of medicines, or then only, when the dose is so large, that the mother will show evident symptoms of poisoning. Consequently, in more than ninety per centum of the cases of attempted abortion brought to trial, we find that, when the criminal end was accomplished, recourse had been had to mechanical interference." (Stöhr-Kannamüller. *Past. Med.* p. 440).

6. Therefore, this is a just conclusion: Whether abortion is directly intended as the means of reducing abnormal conditions, or the pregnancy is the immediate object of attack, or the disease of the mother is treated with such quantities of medicines as will expel the conception, or kill it in the womb: the proceeding is disreputable, and criminal.

"Now let us take a lower view," says Dr. N. F. Cooke (*Before Marriage and After*, p. 118), "and regard the question as one of expediency

merely. There is no medicine known to the profession which possesses the specific property of inducing miscarriage; many will do so in some cases, but only secondarily, that is, in proportion as they shatter the constitution, ruin the health, and produce a state of the system which renders it incompetent, through debility, to sustain pregnancy....

There remains the mechanical method, in which various instruments are used, according to the taste of the operator. All of these are more or less dangerous in themselves, and none of them can avert the dangers incidental to abortion. These are numerous, and to one who knows them, frightful.... flooding.... inflammations.... insanity.... barrenness.... female weakness."

7. But we are told, situations arise under the hands of the physician acting as *accoucheur*, that are nothing short of the desperate; the physician must act immediately, or find himself placed in the awkward position of confessing his helplessness at a moment when he is considered the only help in sight.

8. For this very reason the physician should be anxious to inform himself of every detail of the assistance which his art may offer him;

and of the limitations placed by the moral law, not indeed upon the exercise of his noble art, but upon charlatanism and quackery; and no less also of the assistance which the priest can lend, to whom Christians look for advice and comfort in a conflict between conscience and necessity. In many instances the priest will succeed in persuading the patient to submit to an operation which must save mother and child (e. g. Laparotomy or the Cesarian section, for reposition of the misplaced womb, or in the case of an ectopic conception), when the scalpel had been looked upon as the certain messenger of death.

A CLASSICAL CASE.

DR. CAPELLMANN'S "PERFORATION OF THE AMNION."

9. On the celebrated case which Dr. Capellmann elaborates in his *Pastoral Medicine* with so much skill and erudition, most of the principles can be whetted upon which hinges the morality of the interference with the unviable fetus. The case is this:

After Dr. Capellmann quotes the doctrine of Gury-Pallerini on the *voluntarium in causa*, he proceeds:

“The criteria of indirect abortion which I have set up, are applicable, I think, only in the single case, when the pregnant uterus is immovably locked in the upper strait, as happens by retroversion, sinking and prolapsus uteri. If now all the means known to science, of turning and replacing the uterus, have failed, I deem it permissible to induce abortion by perforating the amnion, and emptying it; for:

- 1) The mother is in imminent danger of death, and must die together with the fetus, unless the uterus be replaced;
- 2) There is no other expedient of saving the mother;
- 3) The discharge of the amniotic liquid is directly conducive toward averting the danger to the mother’s life.

“In this case,” Dr. Capellmann argues, “the danger to the mother does not lie in the pregnancy, physiologically speaking, but is caused, rather, mechanically, by the enlargement of the womb. The discharge of the waters removes this mechanical obstruction, allows the womb to shrink, and in consequence of the shrinking,

makes reposition possible; and the peril of the mother is removed before the abortion, which is certain to follow, may ensue, so that an actual abortion, i. e. the expulsion of the fetus from the womb, will not be necessary for the removing of the danger.

“Fortunately this locking of the womb as well as the absolute impossibility of reposition, are of such rare occurrence, that Martin found it necessary to pierce the amnion only once in 57 cases. In 50 cases reposition was made; in 5, abortion occurred spontaneously, and then, of course, reposition followed; in one case, the mother came to the hospital in a dying condition due to unsuccessful attempts at emptying the bladder, and died without reposition being made. The mother on whom the perforation of the amnion was performed, died also.”

This solution of the case was attacked, and Dr. Capellmann defended himself in a note, which still appears, together with the case and its ample preparation, in the 14th edition, 1904, as follows:

“I have learned that some theologians do not allow even this case of indirect abortion. But I see no reason to abandon this my view, until my arguments have been refuted, and until it

has been proved to me, that one condition is wanting the fulfilling of which makes the operation permissible according to the above."

The value of the case is more theoretical than practical, since according to the statistics quoted by Dr. Capellmann himself, his theory was applied only in *one* case of 57, and then with disastrous results.

But its very theory is wrong on the ground of a fiction which the good Samaritan unwittingly allowed to grow on the edge of his logic. For:

1) The first assertion built upon the criteria by Capellmann, is not true full length; the mother is indeed in imminent danger of death; but she must *not* die with her child, because the second assumption upon which the latter part of that assertion is grounded, is false.

2) "That," therefore, "there does not exist any other expedient of saving the mother," is not considered true any longer; nor was it less false in Capellmann's day, but it was supported by the fear of an operation, Laparotomy, now indeed quick and easy, but then bloody and dangerous.

3) The distinction between physiological and mechanical danger in this case, is not well

founded. The enlargement of the womb is certainly the result of the physiological state, that of pregnancy, and the connection between these two conditions is so intimate that here the state of pregnancy and the danger are identical. The mother's life is endangered by an accidental disorder, the locking of the womb, not by the pregnancy. If, therefore, the disorder cannot be remedied except by attacking the pregnant womb, abortion is made the cause of the relief to be brought about: * but "*non sunt facienda mala ut eveniant bona.*"

The amniotic fluid is so much part of this pregnancy, as of any other, that neither would exist without the other. Its artificial discharge destroys the pregnancy as surely and directly as it removes the danger and brings the desired relief. The perforation of the amnion is the beginning of an absolutely certain abortion, as the necessary consequence; without it, relief could not be obtained. Hence, there is no method of direct abortion known to be more effective than the traditional perforation.

* *Sicut pollutio esset remedium concupiscentiae; vel, sicut si quis vellet fornicari, et tamen sibi persuadere conaretur, consensum se dare nolle, ne fornicaretur.*

Dr. Stoehr, an eminent author, had at one time sided with Dr. Capellmann in his solution of the case, but later changed his view completely. In the fourth edition of his work (pp. 441, ss.), we find the following reference: "Be the indication which the estimable author gives in this luckily rare case ever so congenial to me, still I cannot approve it from fundamental reasons. If we consider that Capellmann champions the perforation of the amnion as the sovereign, nay, the only certain means of abortion in the entire medical armamentarium, we must say that the application of this specific collides absolutely with the principle: *Nunquam licet directe procurare abortum*. Direct abortion is not only that which is directly intended, but also that which is directly induced. Now, since the effusion of the fetus must follow the perforation of the amnion with mathematical certainty, as night follows day, we have here the most direct process of abortion imaginable; and, hence, either the *Nunquam licet*, or this quoted indication must fall to the ground.

"Capellmann argues from the fact that the relief of the mother appears immediately after the discharge of the amniotic waters, instead of following only after the accomplishing of the

abortion. I do not doubt at all, that the discharge of the amniotic fluid brings almost instant relief; but I must deem illusory the distinction between physiological and mechanical pressure, because the mechanical pressure caused by the waters, is an absolute consequence of the physiological process of pregnancy, and can in no wise be separated from it.

“Under these circumstances I would unhesitatingly propose laparotomy, which is no longer such a frightful operation in view of our anti-septic safeguards; and thus I would remedy the locking by reposition through laparotomy, and probably save both mother and child.

“This operation has sometimes been performed also in case of the locking of the vacant uterus, with good results (Sänger, Olshausen); and if abortion follows occasionally, it is certainly indirect.”

This “desperate case” ought to be settled to the satisfaction of both physicians and moralists—and also jurists. Capellmann could conceive only one case in which artificial abortion (which he misjudged to be *indirect*) would be necessary and permissible. But according to the present standing of the medical art, even in this case laparotomy supplants abortion.

But the mother might object to the bloody operation; what then?

1. She must be cautiously persuaded, perhaps most effectually by the priest, of the comparative groundlessness of her fear, and at the same time, of the obligation of charity toward her child, which must probably die without baptism in an abortion.

2. She may be warned of the dangers attending artificial abortion, which are numerous and grave. (See page 70).

3. But it will be well to bear in mind what both prudence and the zeal for the salvation of souls suggest: "In these circumstances the confessor and the pastor must proceed very cautiously, and act in such a manner as not to pronounce the prohibition of these (forbidden) operations, when they foresee that they will gain nothing in such an event, as is ordinarily and generally the case; lest the woman, having been induced by her husband, her parents, or the physician, to submit to the operation in order to save her life, be tormented by pangs of conscience, and having lost the good faith in which she had been, expose herself to the great danger of losing eternal life, if perhaps she should succumb during the operation. The priest, there-

fore, should dispose the penitent to having the greatest confidence in God, the Virgin Immaculate, and the Saints, and hear her confession, that she may gain eternal life, if haply she die from the operation, and let him be solicitous about having the fetus baptized." (Antonelli, Med. Past. pag. 210. num. 328, 1904).

Father Antonelli makes these observations in connection with those operations which are summarized under the term "embryotomy"; but they apply here very well, although Father Antonelli seems* to side with Dr. Capellmann (Med. Past. 1904, pages 219—224, cap. IV), and approves his arguments, in opposition to Stöhr-Kannamüller, who repudiates the *perforation* as unnecessary and immoral; and, to Dr. Olfers, who *practically* admits it to be an abortion, direct and certain, but seeks to justify it by the laudable intention of the operator; and against Dr. Marx, who admits it to be immoral as direct killing of the fetus, but excuses himself on the ground of the *duress*, in which the operator is placed by the law and his reputation.

But what can the physician do? If he is in good faith, and the case is fraught with difficulties

* He says, "*videtur* dicendum provocationem abortus per punctionem membranarum, etc., . . . esse indirectam."

and trouble, and there is *periculum in mora*, who would wish to tempt him? He has the law to coerce and to defend him.

If he is a Catholic physician who knows of the prohibition, his position is heroic.

Dr. Marx (Past. Med. p. 101, 1894) says of this case of the locking of the womb: "The uterus can generally be extricated from the locking during the chloroform narcosis. But if the extrication cannot be accomplished, then there is no other means left for the saving of the mother but the perforation of the amnion.... Is the operation permitted from the view-point of the Christian moral law?

"Under the given circumstances, and, of course, after the most accurate examination of the details of the case, I deem it permissible, and have acted accordingly *in praxi*...." Then he drops a word about the priority of the right to life with the mother and another about the right of self-defense, and then gives Dr. Capellmann the most ungraceful *coup de grace*: "Capellmann.... justifies the attack with calling it an indirect abortion, thus trying to square himself with the "*Nunquam licet directe procurare abortum*" of the moralists. In reference to which it can only be said, from the medical

standpoint, that there is no more direct means for the procuring of abortion, than the perforation of the amnion and the lessening of the amniotic sac."

His actual regular practice, Dr. Marx describes and seeks to justify a little later, (page 107) after stealing a little balm from Spiegelberg "(l. c. P. 832)," and magnifying the apparent difficulties of the case by introducing a few other of the grawsome possibilities of complications; * thus:

"In such a situation, the physician finds himself in duress. If he proceeds according to the rules of obstetrics, his action collides with the views of the moralists, or rather, with his own conscience. If he declines to act in accordance with the prescriptions of the *ars obstetricia*, he is liable to be hailed to court for a "professional mistake," either for inflicting bodily injury through neglect, or for manslaughter. In either case this aggravating circumstance is added to the neglectfulness, that the defendant was specially bound by his profession to that attention which he set aside." Then he quotes P. P. 230, and 222, Penal Code for the German Empire, and continues:

* which do not change the *moral* aspect of the question.

“Finally, who would call in an accoucheur, who on account of his hesitation and indecision does his professed character so little honor!”

But at last he admits: “In order to extricate oneself from this dilemma without burdening the conscience, the Cesarian section * is ever to be recommended, if competent assistance and trustworthy nurses are at hand.”

The good Doctor practically admits that the physician can do nothing “without burdening his conscience,” if the mother rejects this last, bloody expedient.

Dr. Olfers, another celebrated physician, and authority in these matters, finds little difficulty in helping *himself*:

“It is plain,” he says (Past. Med. p. 18), “that there is question here (perforation) only of reducing the volume of the womb. Hence the *intention* ** is here directed toward this one thing, that the end may be obtained by the draining of part of the contents from the womb. Could this be accomplished without simultaneously inducing abortion, the child could be borne to maturity; since the removal of the fruit matters nothing in this case. Of course,

*In our case laparotomy, preferably.

** Italics, ours.

abortion ensues quite certainly, because the contraction of the womb and the expulsion of its entire contents are the inevitable consequences of the partial draining of the womb, as experience shows; but this is not intended."

Well, now, is this abortion indirect?

Dr. Olfers here refers to the masterly exposition of the case by Dr. Capellmann, and then concludes the acts by quoting St. Alphonsus: "Liguori says: If the remedy (he speaks of a remedy which may induce abortion) tends directly toward killing the fetus, these are indeed never allowed; but if it tend directly toward preserving the life of the mother, these are certainly allowed, when otherwise the death of mother and child is thought to follow with moral certainty."

Now, St. Alphonsus does not speak of the *intention of the operator*, as Dr. Olfers does, but of remedies, the application of which may cause abortion. If such *remedy* aims at the destruction of the fetus, irrespective of the *intention* of the physician, *haec quidem nunquam licent*.

What does Dr. Marx say of Capellmann's operation? "There is no more direct means for the procuring of abortion than the perfora-

tion of the amnion, and the reduction of the amniotic sac." (See above, p. 80). And Dr. Stoehr? ". . . . We must say that this specific collides absolutely with the *Nunquam licet*, etc."

Father Coppens, S.J., the learned author of "Moral Principles and Medical Practice," says in this work (p. 71):

"Gentlemen, if once you grant that grave reasons would justify abortion, there is no telling where you will stop in your career of crime."

It is admitted by Drs. Capellmann, Stoehr-Kannamueller, Marx, Olfers (and all others), that the abortion produced by the perforation of the amnion is the most direct and unvarnished abortion: why then all this turning and twisting? Dr. Marx confesses himself guilty without much ado, but blames the desperate situation and the cruelty and severity of the law. Dr. Capellmann blinds himself to the fact that the abortion is direct as *intended*, as does also Dr. Olfers; and there is no question of the intention of the *operans*, but of the *opus* itself, for the intention of murder would make any other operation sinful for the operator.

Stoehr-Kannamueller (Past. Med. p. 437) seem to give the correct answer, that will save

the conscience, if not the standing of the obstetrician:

“I will not refer to the much discussed *injustus aggressor*” (here credit is given in a note to Dr. Capellmann for having thoroughly cleared the atmosphere of that bug), “but I believe that a short glance at the matrimonial contract will fully clear up the juridical situation. The mother once giving her consent at the Hymeneal altar, thereby assumed all the obligations of the married life, although at that decisive moment she may have been conscious, as is, alas, commonly the case with the modern candidates for marriage, almost exclusively of her dawning rosy rights, and barely have given the duties that were awaiting her a passing thought. Now she stands face to face with the rigorous consequences of the free resolve of her will.... What an exhibition of miserable cowardice, to shirk the burden, and to sacrifice moral honor and conscience to the meanest egotism, now, that one has enjoyed the pleasures! Nothing but a nobler conception of matrimony on the one hand, and a deeper religious sense on the other, can here produce a radical change.”

The Catholic physician, therefore, cannot lend his hand to murder through abortion, but must

act in union with his Church in the endeavor to raise the standard of matrimonial morality to sublimer heights, and to encourage Christian mothers to a greater spirit of sacrifice. He cannot do more in such a predicament.

In order to show that this solution conforms to the ruling of the Holy Office, the supreme authority on these things for Catholics, we append the decree of July 24th, 1895, quoting from "*The Right to Life of the Unborn Child*":

"Most Holy Father: Stephen Mary Alphon-sus Sonnois, Archbishop of Cambrai, humbly submits the following: Dr. Titius, when called to a pregnant woman, who was very ill, ob-served repeatedly that the only cause of her deadly disease was her pregnancy, i. e., the presence of a fetus in her womb. Hence there was but one way open to him to save the patient from certain and imminent death, namely, to cause abortion. On this course he usually de-cided in similar cases, taking care, however, to avail himself of such remedies and operations, which would not of themselves, or not im-mediately kill the fetus in the womb, but, on the contrary, would, if possible, deliver the child alive, although, not being able to live, it would die soon afterward. But after reading a rescript

from the Holy See to the Archbishop of Cambrai, dated Aug. 19, 1888, that it was unsafe to teach the lawfulness of any operation which might directly kill the fetus, even though such were necessary to save the mother, Dr. Titius began to doubt the lawfulness of the surgical operation by which he had not unfrequently caused abortion to save pregnant women who were very ill.

“Therefore, in order to set his conscience at rest, Dr. T. humbly asks whether, on occurrence of the like circumstances, he may resort to the aforesaid operations.”

“Rome, July, 24, 1895.

“To this urgent request the cardinals of the Holy Roman Congregation of the General Inquisition, after advising with the theological consultors, have decided to answer: *No*; according to other decrees, namely those of May 28, 1884, and of August 19, 1888.”

CHAPTER III.

ECTOPIC CONCEPTIONS, MYOMA, AND CLEAR OVA.

A. ECTOPIC CONCEPTIONS.

1. Conception sometimes takes place, contrary to law and order, outside of the maternal womb. The fruit of such an error is called an *ectopic fetus*. Hence, an ectopic fetus is a misplaced fetus, in as much as the natural abode, the habitat, as it were, of the fetus is the womb.

2. An ectopic fetus enjoys as much right to life as any normal conception, because it also is animated by a rational soul, and, therefore, is a human being.

(a) It must be noticed that a misplaced, or a diseased *womb* may, or must be operated on, as circumstances may direct, to correct a disorder; whereas the *fetus* can never be made the direct object of a lawful operation; for the womb is only an instrument; the fetus, the *terminus ad quem*, of the purpose of nature.

(b) Under stress of necessity, an ectopic fetus may be removed by a *surgical operation*,

- 1) when any normal conception could be removed; as in case of honest doubt, positive or negative, whether, what should from its very abnormality not be considered a natural conception from the first, be not perhaps an imposition of the nature of an ordinary tumor, which has come to be the cause of grave danger to the life of the mother;
- 2) when the mother dies before the fetus is viable;
- 3) at the stage of viability—if the ectopic fetus reaches that stage. These conceptions generally become very troublesome at an early period, and often die without interference.

3. Scrupulous care must be taken that a fetus thus removed be baptized; and, if viable, be nursed as tenderly as the fruit of a regular conception.

This remark becomes necessary for the fact that medical authorities almost universally teach, that an ectopic fetus should *always* be treated as an *impostor*.

4. "Is laparotomy permissible when there is question of extra-uterine pregnancy, or ectopic conceptions?" *

Wednesday, May 4, 1898, the Sacred Congregation made the following answer:

"(Ad III.) Under stress of necessity, laparotomy is permissible for the extraction of ectopic conceptions from the maternal bosom, provided earnest and timely care be taken of the life of both fetus and mother" (Eschbach, Disp. IV. IV. p. 470).

5. Eschbach (loc. cit. p. 472) makes this comment on the decision: "From this answer it is easy to judge, that for the present no distinction is to be made between the intra-uterine and the ectopic fetus, for the reason that the one and the other is surely animated by a rational soul, and enjoys the same right to life. Therefore, the Holy Office decides in this, as in the answer to the first doubt (three doubts had been proposed), that the life of both fetus and mother must be taken care of, earnestly and in time."

* Decree of May 4th, 1898:

"III. Estne licita laparotomia quando agitur de pregnatione extra-uterina, seu de ectopicis conceptibus?"

"Ad III. Necessitate cogente, licitam esse laparotomiam ad extrahendos e sinu matris ectopicos conceptus, dummodo et foetus et matris vitae, quantum fieri potest, serio et opportune provideatur."

6. The learned author of "Moral Principles and Medical Practice," Father Coppens, S.J., sets forth the case very lucidly (op. cit. p. 76): "While these principles (*governing abortion*) are clear and undoubted, there are cases in which the right application of them is beset with great difficulties. These often occur in connection with what is called *ectopic* or *extra-uterine gestation*, namely, when the nascent human form lodges in some recess not intended by nature for its abode. Of late years, Dr. Velpeau of Paris, Dr. Tait of Birmingham, and many other eminent physicians have shown that cases of ectopic gestation are more numerous than had been supposed; one practitioner reports that he had attended fifty cases, another, eighty-five.

"I. We will first suppose the case of an interior growth occurring, the nature of which cannot be determined. It may be only a tumor, yet it may be the growth of a living fetus. If no immediate crisis is feared, you will wait, of course, for further developments. If it proves to be a child, you will attempt no operation till it becomes viable at least. But suppose that fatal consequences are apprehended before the presence of a human being can be ascertained

by the beating of the heart; suppose that delay would endanger the mother's life; and yet if you cut out the tumor, you may find it to contain foetal life. In such urgent danger, can you lawfully perform the operation? Let us apply our principles. You mean to operate on a tumor affecting one of the mother's organs. The consequences this may have for the child are not directly willed, but permitted. The four conditions mentioned before, are here verified, under which the evil result, the death of the possible fetus, may be lawfully permitted; namely: (a) You do not wish its death; (b) What you intend directly, the operation on the mother's organism, is good in itself; (c) The good effect intended, her safety, to which she has an undoubted right, overbalances the evil effect, the possible death of the child, whose right to life is doubtful, since its very existence is doubtful; now, a certain right must take precedence of a doubtful right of the same species; (d) The evil is not made the means to obtain the good effect (see "Am. Eccl. Rev.", Nov., 1893, p. 353). This last condition would not be verified, if it were proposed, not to cut out the cyst, but to destroy its contents by an electric current. Then, it would seem, the fetus

itself, if there be one, would be directly attacked.*

“2. The case would present greater difficulties if the growth in question were *known* to contain a living fetus. Such a case is discussed in all its details, with remarkable philosophical acumen, and in the light of copious information furnished by prominent members of the medical profession, in the pages of the “American Ecclesiastical Review” for November, 1893, pages 331—360. “. . . . Three of them (*participants in the discussion* **) agree that in the case of a cyst known to contain a living embryo, when a rupture most probably fatal to mother and child is imminent, the abdominal section might be performed lawfully, the cyst opened and the child baptized before its certain death. Two of these justify this conclusion on the principle that the death of the child is then permitted only or indirectly intended; one maintains that the killing of the embryo is then directly procured, but he considers that an embryo in a place not intended for it by nature is where it has no right to be,

* Compare with this our solution of Capellmann’s celebrated case.

** Parenthesis by author.

and, therefore, may be treated as an unjust aggressor upon the mother's life. At least one of the disputants condemns the operation as absolutely unlawful.

"Gentlemen, when such authorities disagree, I would not presume to attempt a theoretic decision (pp. 76—79)."

Now, on page 80 of the same lecture, the author says: "A Catholic physician has here a special advantage; for he has in cases of great difficulty the decisions of Roman tribunals, composed of most learned men, and renowned for the thoroughness of their investigations and the prudence of their verdicts, to serve him as guides and vouchers for his conduct.... These courts have uniformly decided against any operation tending directly to the death of an innocent child ("Am. Eccl. Rev.", Nov., 1893, pp. 352, 353; Feb., 1895, p. 171)."

But the positive ruling of the Holy Office concerning the removal of the *ectopic conceptions, dummodo et foetus et matris vitae, quantum fieri potest, serio et opportune provideatur*," given as late as 1898, precludes the propriety of an operation by which the fetus must die, although it be only in consequence of its unviability.

7. Father Antonelli quotes Max Runge's practice as an example of what must not be done, despite the general practice of the profession (Med. Past. p. 197, Edition 1904): "But in case of extra-uterine pregnancy, obstetricians commonly teach that this pregnancy is to be treated like any tumor of an evil nature; and, therefore, after having made certain, in the first months, of such a pregnancy, the cyst should be extirpated by laparotomy, or the fetus killed by electricity or injections of morphine. Even if such a pregnancy is discovered later, the quoted surgical operation should be undertaken as soon as possible without any regard of the life of the fetus." Radical, indeed. But Antonelli also opposes the decree of May 4, 1898, to this proceeding.

8. The opinion of Dr. Olfers (Past. Med. page 19) of the treatment of extra-uterine conceptions agrees with his view of treating any other seriously troublesome fetus. He removes the fetus by a "timely" abortion, and thus differs *toto coelo* from the decision of Rome. He says: "Hither belong also the extra-uterine pregnancies, which are rare, and result when an ovulum is lodged in the Fallopian tubes, or drifts into, and develops in the abdomen. These

cases are most rare." (Not, according to Drs. Velpeau and Tait).

9. The entire difficulty seems to arise from a misunderstanding of the terms *direct* and *indirect* abortion, and, *finis operis* and *finis operantis*.

Now, *finis operis* is the end and purpose of the work, or the end toward which the operation tends of its nature; as the *finis operis* of building is the construction of the house; but *finis operantis* is the end, purpose or intention of the operator, aside from the end of the work in hand; as the *finis operantis* of the building (in the builder, of course), is the gain, or wages. (See St. Thomas, S. Theol. 2—2,141,1).

Hence, in an operation which directly deprives the fetus of the possibility of continuing life, in such a way that the fetus, or the pregnancy is made the point of direct attack, and its sacrifice, the *remedy* of the disorder under treatment; the intention of the operator does not enter at all into the question of the *objective* aspect of the operation; the *finis operis* here, that is, the object of the operation is, the killing of the fetus, no matter, if the *finis operantis* be the saving of the mother's life. And since the direct killing of a fetus, whether in the womb, or out-

side after ill-timed delivery, is forbidden, it is but logical to say, that such operations as cannot be undertaken without making a holocaust of the embryo or fetus as the object of the procedure, like perforation, extirpating, etc., are those at which the various prohibitory decisions of the Holy Office are aimed unerringly.

“Mulierem fortem, quis inveniet? Procul et de ultimis finibus pretium ejus” (Prov. 31, 10).

In a truly *desperate case*, where no help can be expected at the hands of man, it should not be so difficult to implore help from God; and if He, too, decline to interfere, a Christian mother must rise to the solemnity of the occasion, and make herself a willing martyr to her conjugal vows. Martyrs are made not only by dying for the Faith, but also by dying for duty and virtue.

10. We are sorry to note that the ancient bug-bear of the *unjust aggressor* was conjured up by one of the disputants in the discussion of the “Am. Eccl. Review,” Nov. 1893, in order to doom to death the ectopic conception.

St. Thomas (S. Theol. 2—2, Qu. 64, Art. 7) gives the theory of the defense against an unjust aggressor in his own clear method of reasoning, with all the precautions—which seem to be so often overlooked: “I answer, it must be said

that there may be *two* effects of one act: of which the one may be simply in the intention, the other, however, may be (over and) above the intention: now, moral acts take their nature from what is intended; and not from that which is above the intention, since this is incidental, as flows from what is said above (qu. 43, art. 3. et 1—2. qu. I. art. 3, ad 3.); a *double* effect, therefore, can result from the act of one defending himself: the one indeed, is the preservation of one's life: and the killing of the aggressor, the other: such acts, therefore, are not illicit on account of one intending to preserve his life; for it is natural for everyone to preserve his being (existence) as much as he can: but an act, proceeding from a good intention, may become illicit, in as much as it is not proportionate to the purpose; and thus it will be illicit for one to use greater violence than is proper in defending his life: but if he wards off *violence* with moderation, the defense is allowed: for according to law it is allowed to repulse *violence by violence cum moderamine inculpatae tutelae*, and as to salvation, it is not necessary that a man should omit the act of inculpable protection in order to avoid the killing of the other; because man is bound to care more

for his own, than for the life of another: but because it is not allowed to kill a man without public authority for the public good, as appears from what is said above (art. 3, huj. qu.), it is illicit for a man to kill a man in defense of himself, except he have public authority, and, intending to kill a man he refer this to the (cause of the) public good, as we see in the soldier fighting against the enemy, and in the servant (executioner) of the judge fighting against robbers; although even these commit sin, if they be moved by private passion."

Now, St. Thomas insists upon the opposition of *violence to violence*.

Does the ectopic fetus do *violence* to the mother?

Let us see: (a) The mother, submitting to her conjugal obligation, or exercising her conjugal privilege, consents to conception, and gestation; and to the birth of a child, a *human being* from her womb. Does she assume all the risks of pregnancy?—There are none, if her condition is perfect; if her condition is not perfect, is the coming child at fault, or the mother?—Shall the child which was brought into being by the consent, if not by the positive will of its parents, answer for the mistakes of its pro-

genitors?—Can a friend in the same peril with us in a fragile boat, at our invitation, be an unjust aggressor?—The English Common Law does not hold thus, as may be learned from the case of the British yacht “Mignonette” as decided by the Lord Chief Justice of England, Judge Coleridge, than whom there is no greater jurist living (Coppens, “Mor. Princ. and Med. Practice,” pages 83, ss.). Father Eschbach agrees with this solution (op. cit. pp. 452, ss.).

11. An objection:

It may be objected that ectopic conceptions result as by accident, and without any fault of the mother; therefore, although the mother may be willing enough to bear out a natural conception, even under great difficulties, still, she should not be asked to bear the consequences of ‘misguided nature.’

Answer:

1) The child is as much the victim of ‘misguided nature’ as the mother, and it, too, deserves some consideration, for it is a human being despite its unfortunate position;

2) The child is in the same danger as the mother, and that not from choice, but from the indisposition of the mother; this indisposition may or may not, result from an error of the

mother, or from an error of nature, which at some time or other, was held up in its natural function: but this is not the fault of the child, and, therefore, the innocent fetus must not be burdened with the sins of its progenitors, or with the mistakes of misdirected nature.

3) Even if the right to the abode which it occupies, be denied the child in such pregnancies, still, it enjoys a higher right than the mere accident of position; namely, the right to life, which it receives from God as the first *natural* endowment, and which, therefore, is inviolable *per se*: Hence the lower right of the mother, or her claim to protection against the unwonted *location* of her child, must yield to the higher right of the child, as a God-given right.

12. Another objection:

The right of the fetus is counterbalanced by the same right of the mother, and even overbalanced by the priority of the right to life in the mother: "*Qui prior tempore, potior jure.*"

Answer:

In the possession of the essential rights of nature, there is no priority; lest we be forced to concede, that parents, for this reason, have the right of disposition over the lives of their children at any time. This was indeed the

condition among barbarous nations; but we are no longer barbarians, and the claim is preposterous. The natural rights of a human being are the same at any stage of his life, whether nascent or matured.

13. A third objection:

But the right against the unjust aggressor is also a God-given right.

Answer:

Most certainly!—But an innocent child is not a greater menace to the life of the mother than a diseased heart: and yet, not one physician has ever suggested the excision of that vital organ for a cure—because the result of this operation would entangle him in the meshes of the law, and no quibbling would save his reputation—as is—alas—the case in the killing of the uncomplaining infant.

14. Fourth objection:

We may defend our life against the invasion of even such *diseases*, of which the cure involves the risk of our own, also a human life.

Answer:

The *risk* of a human life (for a proportionate reason), is not the certain *loss* of a life. To exchange life for life, so as to make the loss of the one the *direct* cause of the preservation

of the other, is not in man's power, as the common consent of the race has ever testified, whether this consent is codified, or merely the voice of the heart and mind of all nations.

15. Now, in extirpating the unviable fetus (or the viable one, instead of bringing it alive into the light), ectopic or natural, the operator resorts to an expedient which *directly* brings death: if the mother were to be *killed* as directly as the child is condemned to its doom, for the sake of saving the child, who would demand, or even only permit this sacrifice?

We say *killed*, because, although she may have to die in certain instances, yet her death happens without contravention of the law: "Thou shalt not kill!" And God is no respecter of sizes.

(b) 16. The idea of aggression in a child, that is where it finds the conditions of nascent life, by the consent of its progenitors, even if it is *mislaid*, is almost ridiculous. This misplacement does not, indeed, give the child special privileges, although it may demand special professional consideration; but neither does it vitiate any natural rights. One may mislay a watch, but he retains the ownership, which follows the watch as long as the owner does not waive his claim: now, a child cannot waive its

claim to life; not because it cannot perform rational acts, but because its life is not its own, but God's property.

17. In a pamphlet, entitled "The Morality of Medical Practice," by His Grace, the Archbishop of Melbourne, this learned prelate makes the words of Father Coppens (op. cit.) his own in this manner: "Risks and dangers are incidental to the married just as they are to several other states. They are no greater, as the author remarks, than the dangers of the battlefield, or the mine, the factory and the forest, which are the lot of men. The woman was warned of old, "I will multiply thy sorrows and thy conceptions; in sorrow shalt thou bring forth children." If she is not willing to run the risks, or suffer the sorrows of married life, let her remain single. But if she enters the married state she must, as a rule, bear with the hardships of her state, or, in extreme cases, abstain from the use of marriage."

18. In conclusion: The ectopic fetus enjoys the same protection of its right to life, as the normal conception, as the best authorities agree, and the Holy Office has decided.

B. MYOMA OF THE PREGNANT WOMB.

1. When during pregnancy malignant tumors form in the muscular tissue of the womb and grow to such unseemly proportions as to menace the life of the mother, the excision of the impregnated womb by laparotomy is suggested as the only expedient for the salvation of the mother. By this operation, the fetus is, indeed, sacrificed, but the danger is averted.

2. Is this operation permissible?

(a) Capellmann's work (14th edit. p. 19) says no, very emphatically, and grounds its denial on the decree of July 24th, 1895, and on the retraction of Father Lehmkuhl, S.J., of his former opinion, which favored an affirmative answer ("Analecta Eccles.," vol. 3, pag. 483).

(b) Father Antonelli *seems* to favor an affirmative answer; but he says "*videtur dicendum*" (see above, p. 79, *n*). He applies the decision of the Holy Office to all those operations which are *directly* fatal to the life of the fetus, but argues that both in the perforation of the fetal membranes and in the excision of the pregnant womb, the operation is only *indirectly* fatal, and bases his argument on the assertion, that in both cases the danger to the mother's life is not

caused by the pregnancy, but by *mechanical pressure*, or *mechanical bulk*, of the uterus.

3. Hence, the solution of this case must proceed from the answer to this question:

“Is the death of the child in this case the *direct* consequence of the excision, or not? Or in other words: is this operation to be said to be “*directe occisiva foetus*”?

(a) Principles underlying the solution:

Abortion may be called direct in two ways:

- 1) when it is procured as the immediate *object* of both the operator and the operation;
- 2) when it is procured as the *means* of achieving the object of the operation.

The first member of this division is established on the principle “*Nunquam licet directe procurare abortum.*”

The second member on this: “*Non sunt facienda mala ut eveniant bona.*”

(b) Application of principles.

A) The “*Nunquam licet*” applies to all operations which of their nature and object tend toward the killing of the fetus, whether it be contained in the womb, or, taken from the womb, must die on account of its unviability. This follows from the decree of May 4th, 1898, which, in permitting laparotomy for those cases

where the existence of a human being is doubtful (ectopic conceptions), makes this provision: "*dummodo et foetus et matris vitae quantum fieri potest, serio et opportune provideatur.*"

Now in the excision of the pregnant womb, the operation tends toward the killing of the fetus neither of its nature, nor of its object. *Ergo*: The "*Nunquam licet*" does not apply to this operation; consequently it is permissible, *servatis servandis*.

The burden of the argument is on the second proposition, which we shall prove:

(a) "It must be said that something may be the cause of something (else) in two ways: one way, directly, the other, indirectly. And, indeed, *indirectly* in this manner, that we say, some agent, causing a certain disposition for a certain effect, is the cause of that effect incidentally and indirectly: as he who cuts (al. *dries*) the wood, is said to be the cause of it burning.... But something is said to be the cause of something (else) *directly*, when it works toward that directly (*quod directe operatur ad illud*)."
(Summa Theol. I. quest. 114, art. 3. c.).

St. Thomas, therefore, teaches, that only that cause is the direct cause of a certain effect which

directly aims, (or works) at the effect. He does not say, however, that it matters, whether the cause produces that effect also as the object of the operator, or merely as that of the operation.

Now, the excision of the womb does not aim *directly* at the death of the fetus; therefore, the death of the fetus is not the direct effect of the operation.

(b) Proof: (1) If the *object* of the operation were this, to remove the pregnancy, or the fetus, the pregnancy, or the fetus, would have to be said to be the cause of the disease; because the remedy is directed toward the removal of the cause of a disease. But the myomatic condition of the womb is in no wise a consequence of the pregnancy, or of any feature of the pregnancy; *ergo*.

Proof: (2) An operation which is of its nature directly fatal to the fetus, cannot be undertaken without destroying a pregnancy or a fetus; now, this operation is often undertaken on the *vacant* womb: therefore it cannot be said to be *of its nature* directly fatal to fetus or pregnancy.

The major is evident from the very definition of the term *nature*, as “the principle of action”; and although in this connection the term is not used in its philosophical sense, but rather by

way of accommodation, still, it signifies for the operation that relation which the philosophical term "nature" imports in things metaphysically considered. Hence the parity cannot be denied, since not the argument, but the language is at fault, which borrows a term from one sphere to apply it in another in the same sense.

Whatever is of the nature of things, is always found in them; v. g., it is the nature of anger to disturb unerringly a certain complexus of nerves, in preference to the rest.

The minor is proved by the medical practice.

OBJECTIONS.

The Amputation Compared with the Perforation.

1) The vacant womb is also locked in the same manner as the pregnant womb; now, whatever does not enter into the effect, does not proceed from the cause; but—pregnancy does not enter into the effect of the operation necessary to make reposition of the vacant womb: therefore, the operation for reposition of the pregnant womb cannot be said to be directly, and of its nature, fatal to the fetus.

Answer: (a) "The vacant womb is also locked in the same manner as the pregnant womb," as

to its location, granted; as to the cause of the locking, denied.

(b) The locking of the pregnant womb may frequently be remedied by the same operation that remedies the locking of the vacant womb; but when it is to be remedied by the operation under discussion, the perforation of the amnios—is this ever applied in the locking of the vacant uterus! A vacant womb is no less the denial of all the features of pregnancy, as the perforation of the uterus is the assertion of what it seeks to destroy.

The argument is a *petitio principii* in any event.

2) The death of the fetus does not contribute anything toward the effect of the operation, even in the case of the perforation of the fetal membranes, since the end intended is the relief of the mother, and the end or object of the operation is the reposition of the uterus; but whatever does not enter into the effect, does not proceed from the principal cause: therefore, the death of the fetus in the perforation does not follow directly from the cause, or, the operation.

Answer: (a) The death of the fetus does not contribute anything to the *indirect* effect of the

operation, the relief of the mother, which is the ethical object, or the object of the operator (*finis operantis*),—granted; it does not contribute to the immediate object or effect of the operation, the emptying of the ovum of its vital contents, and the destruction of the pregnancy, which is the object of the operation (*finis operis*)—denied. It is this direct destruction of the pregnancy, and, in consequence, of the fetal life attacked, which makes this operation a *causa mala*.

(b) Whatever does not enter into the principal effect of the operation, does not proceed from the principal cause *directly*, granted; *indirectly*, i. e., so that the subject which receives the effect is not fit to receive the entire effect,—denied. Thus a nail driven into a weak board, does not fasten the board, but splits it, failing of its direct object as conceived by the operator, and directly producing that effect which is the direct effect of the driving of a nail, too large for that board, and indirect only in the mind of the carpenter. For the cause must be *proportionate* to the effect intended, if the *finis operis* and the *finis operantis* should not be separated, from *excessus* or *defectus causae*.

Thus if one would draw all the blood from

a man in order to cure rheumatism, he would certainly kill the man, irrespective of his good intentions, *propter excessum causae*.

Thus also, a shot fired from a blank cartridge would not kill, *propter defectum causae*.

Where, therefore, one must be killed to cure another, the remedy is as costly as the cure; but this remedy is costlier by the command of God: "Thou shalt not kill."

Now, the direct effect of an operation is not that which may be the first in the mind of the operator (except as to its morality), but that which is the first and immediate effect of the operation, considered as a means to procure the object intended by the operator. Thus a physician, intending to excise a tumor on the spine, and for this purpose thrusting a scalpel through the heart of his patient so that he might operate from the inside, would certainly be guilty of murder: morally (*formaliter*), if he is not insane; legally (*materialiter*), if he by some mad fiction persuades himself that this method is the one he must employ. This illustration seems to be inane, silly, void of sense—but only because we judge of it without prejudice.

In the "classic" process of the perforation of the fetal membranes, no matter for what pur-

pose or with what intention or fiction, the first and immediate effect is this: to withdraw from the fetus the vital element, the amniotic fluid, which is as necessary for the continuation of fetal life, and the absence of which is as certainly destructive of fetal life, as the heart is necessary for the life of the matured man, and its perforation destructive of his life. Therefore, the direct effect of the perforation of the fetal membranes is the killing of the fetus.

It is only by a mental fiction, engendered by prejudice, and the pernicious *habit* of considering the defenseless infant less a man than the obstreperous candidate of a fatal operation, that we discriminate against the helpless child.

B) "Non sunt facienda mala ut eveniant bona."

This principle is thus unanimously developed and applied by the theologians:

When two effects, the one good, and the other evil, result from one cause, the evil effect is not imputed to him who places such a cause, under the following conditions:

1) That the cause* be good, or at least, in-

* The cause here does not mean the intention of the agent, or the reason for which he operates—that is the effect—but the action itself.

- different; 2) That the good effect do not result from the cause by *means of the bad effect*;
- 3) That the agent intend only the good effect;
- 4) That there be a reason proportionately grave to counterbalance the result of the evil effect.

These conditions warrant the morality of such operations or actions as are based on that principle, because then the evil effect is only permitted—and is permissible—as an *indirect* consequence of such actions. Now, all these conditions can be verified, as is seen from the preceding exposition, in the amputation of the pregnant womb for myoma: hence this operation is permissible, when necessary to preserve the mother's life.

In the perforation of the fetal membranes, it may be noted, not one of these conditions is fulfilled; not even the last, since no reason can be grave enough to justify *murder*.

C. CLEAR OVA.

1. Together with such pregnancies as will interrupt themselves, so to speak, for one reason or another, and throw off the fetus in a state of corruption without any traceable interference, pregnancies are found in which the ovum con-

tains the fetus in a state of liquefaction; i. e., the embryo dies in the first weeks, and is gradually dissolved in the water of the ovum. This pregnancy is called a *clear ovum*, although the water is by no means clear, but, on the contrary, appears turbid and muddy, whereas it is always clear in undisturbed pregnancies.

2. This case may be attended with as much trouble and discomfort as any other pregnancy, which disturbs the physical condition of the mother from other causes, such as uncontrollable vomiting (*hyperemesis gravidarum*).

3. There are at present no symptoms known to the medical profession by which the clear ovum in the womb could be distinguished from the normal pregnancy.

4. If the life of the mother comes to be menaced by her condition before the fetus can be presumed to be viable, and the physician *supposes* the presence of a clear ovum instead of a normal conception, and, therefore, operates with a view to remove the fetus: what is the moral aspect of his proceeding?

(1) The physician rests the morality of his action on a mere supposition, which involves the risk of direct abortion. "*Qui amat periculum, peribit in illo.*"

(2) But, the defenders of this operation* contend:

- a) The mother is needlessly sacrificed to an imposition of nature, if the pregnancy is one of a clear ovum;
- b) The child, if there be one, can be baptized, owing to peculiar instruments employed, and an entirely new method of operating.

(3) It is unfortunate, indeed, on the one hand, that the precious life of a mother should be forfeited to an imposition; and, on the other, it is a comfort to know that so helpless a being as is the child in the womb, should be made a child of God before its death. But *new methods* do not change the nature of direct abortion, nor does an occasional error of nature, induced by some untoward accident, deprive the natural inhabitant of the maternal womb of its right to protection, and lay it open to the danger of being killed on the mere supposition of the existence of an impostor, since the presumption always stands in favor of a normal conception.

Dr. X.** defines his position on direct abortion

* *Right to Life of the Unborn Child*, Appendix, pp. 117-125.

** *Annales de Philosophie Chrétienne*, Oct. 1903, op. cit.

in these concise terms: "In the interests of scientific truth upon a serious theological question, we think it useful to study here two very interesting instances of medical abortion, directly produced, which force us to reconsider this problem hitherto decided by a categorial *non-possimus*."

Then he presents another case; that of "a mother dying from uncontrollable vomitings brought on by pregnancy; the same operation effected the extraction, after intra-uterine baptism, of two small fetus three months old, so much alive that they stirred for more than a quarter of an hour and were able to be baptized *sub conditione* by one of the parish priests."

And a little later:

"If we now ask theologians why artificial abortion is illicit, they give us the following twofold reason: that it is a homicide of the body as well as the soul. Now we have just seen in two cases previously cited that 1) the salvation of the soul is always assured in the case where the embryo is existent and alive, thanks to the wholly new rapidity of extraction and to baptism either *in utero*, or *post partum*.

"That 2) there are cases where the embryo does not exist alive in the ovum, and where,

nevertheless, everything proceeds as if it were animated, that is to say, where the mother is condemned to death by the remains of an embryo which has formerly existed but which may be already dead several weeks, and which theology refuses to allow the physician to remove.”*

REVIEW OF THE REASONS OF DR. X.

1. The reason which theologians give for the prohibition of direct abortion is not this, that it is a *twofold* homicide; for one of the fundamental principles of moral theology, “*non sunt facienda mala ut eveniant bona*”, precludes the consideration of the spiritual life in direct abortion; not that theology has not as tender a regard for the spiritual welfare of man, as medicine, but because no consideration whatever can legalize the murderous invasion of the right to life of the innocent. The Fifth Commandment of God in its literal application suffices for the theologian to condemn murder. Therefore,

2. Whether “the salvation of the soul is always assured” in direct abortion, or not, does

* The two cases referred to are clear ovum, and uncontrollable vomiting.

not change either the Fifth Commandment with its categorical prohibition, or the logic and faithfulness to doctrine and principle of the theologian. And

3. "If there are cases where the embryo does not exist alive in the ovum" theology does *not* "refuse" to allow the physician to remove the encumbrance; but it asks of the physician to *prove* that there is no life in the womb, because the presumption stands for life in all cases where death cannot be assumed on reasonable grounds. But an unfounded supposition is no reasonable, much less, scientific ground. Hence theology must not be made to answer for the shortcomings of the medical science. If a physician is morally certain that in a given case he has to deal with either a dead fetus, or a clear ovum, the theologian will encourage him with a most hearty "Go ahead," to exercise his skill in the rescue of one life through removing the remains of another that has accidentally perished.

NOTES.

There must be certain unmistakable signs or manifestations of death in the womb, as they are outside the womb, which the medical profession have so far failed to discover and discern.

As long as physicians admit, as they now do, that they are groping in the dark in these desperate cases, theology must not be charged with brutality or antiquated stubbornness, when it puts a wholesome check upon the exercise of an art that for its present insufficiency demoralizes society and sacrifices so many lives to—I beg pardon—incompetency and ignorance.

The Christian moral law, championed by science and piety alike, does not forbid the physician to assist a mother in her agonies, and to save her life, instead of allowing mother and child to die together, provided he does not employ means and methods which run counter to the laws of God, for whose violation theology will accept no apologies. Let the medical science devise means and ways truly scientific — — for the present mode of assisting mothers by producing direct abortion is certainly not scientific — — that respect both the exactions of morality, and the dignity of science; then medicine and theology will no longer dwell apart.

Mothers in such desperate cases are not sacrificed to the “narrowness of the decrees of the Holy Office,”* but to the deplorable incom-

* Prof. Treub, in *Right to Life*, etc.

petency of some of the obstetricians, who may have mastered the field of the medical practice, without examining the last redoubts.

D. HYPEREMESIS GRAVIDARUM.

(Uncontrollable Vomiting of the Pregnant.)

Stoehr-Kannamueler (Past. Med. p. 438) introduces his views of this evil with these plain remarks:

“Direct Abortion—every interference which must necessarily cause the expulsion of the unviable fruit—is permissible under no circumstances, no matter how ethical the object may be. The medico-scientific postulate of abortion is to be judged exclusively from the mother’s sphere of interest. Here then they insist upon 1) the uncontrollable vomiting of the pregnant (Hyperem. gravid.), which in many instances appears as early as the first week and often becomes most obstinate. But it generally disappears at the end of the first half of the pregnancy without medical assistance, and, curiously enough, without the nutrition having suffered to a dangerous degree; in particular cases, however, the patient is doomed to a fatal emaciation.

In this condition of things, where the pregnancy is the sole cause of the dangerous vomiting, it was thought proper until recently, to remove at once cause and effect by inducing abortion. But this indication,—aside from moral considerations —does not give the right to eliminate the pregnancy; because recent experience teaches (Cohnstein, Ahlfeld), that this proceeding brings about the desired result in only one half the cases, and that at present we have other efficient means at hand, which almost universally produce the desired effect, etc."

Dr. Stoehr, therefore, contends that a physician who is well informed of the present standing of the obstetrical art, need not resort to abortion in such "desperate cases," and that "almost universally" the "desperate case" is made desperate through the lack of information, or the indifference to morality of the physician.

But Dr. Stoehr also virtually admits that in some cases, no remedy will avail.

Now, the numerical relation of this desperate case to the normal and safe pregnancies does not alter either its moral aspect, or its desperateness.

What is to be done when the *one desperate case* of a thousand is brought to the notice of the physician? He applies every conceivable remedy,

consults with his experienced confreres, and yet finds himself unable to relieve the desperateness of the conditions.

He must leave his patient in the hands of God who has often righted things that sat awry with greater hopelessness than these cases. And if the patient dies, let him console himself with the consideration that his conscience is free from the guilt of murder, and that people die of other ailments equally elusive of medical skill and care.

Nor is this advice the outcrop of pious stupidity. For, if, v. g., the physician's assistance is declined, as happens frequently, until there is no other choice left for him, but between directly killing the child, or allowing the mother to die, who might have been saved but for some foolish fear, or false modesty: would any honest man think it amiss of the physician if he now declines to have a murder forced upon his hands? And similar reasons will vindicate the conduct of an honorable practitioner in similar cases.

Dr. Marx (Past. Med. pp. 102 ss.) consistently with his error, refuted above by his own admissions, thinks that the moralist (possibly the confessor) may base his judgment in particular cases of this kind on the following reasons which

he quotes from "Spiegelberg, Manual of Obstetrics for Physicians and Students," Lahr, 1878, p. 252:

"Every single case must be judged by itself. Only this can be set up as a general rule, that the interference (induction of abortion) is not made before all means have been applied that agree with the continuance of the pregnancy, especially also artificial nutrition; but not when it is too late, not then, when the fatal termination appears inevitable to everybody—and the evil sometimes approaches this unfortunate event very suddenly and rapidly. But let no one ever take the responsibility for this operation upon himself without the consent of another specialist of experience in these matters."

But then he begins to doubt:

"This operative attack has, at all events, some difficulties for the Catholic. The Holy Office decided the question whether it is permissible to lessen the head of the living child during birth, in this way: "*Tuto doceri non posse in scholis Catholicis.*" Roma locuta—causa finita. By these attacks which we have described, the life of the fruit, of whose life there is no plausible reason to doubt, is destroyed with the same

directness as by the operations undertaken to lessen the body of the child during birth. But, forsooth, is the fruit in the second or third month of pregnancy a different being from the fetus in the ninth or tenth month, when it is about to exchange intra-uterine with extra-uterine life?"

He is candid enough to disprove his own theory with the most striking reason. The defender of the perforation of the amnios, who admits it to be direct abortion, is also in this case in a quandary.

PART II.

CHAPTER I.

EMBRYOTOMY AND THE CESAREAN SECTION.

1. Under Embryotomy are comprised all those operations which are applied at delivery for the purpose of dismembering the body of the child, or of reducing the bulk of that part which presents itself.*

2. There are chiefly five operations which are undertaken when the head is presented, and cannot pass the natural channels of birth: Craniotomy, Cephalotripsy, Cephalotomy, Sfenotripsy, and Embryulcy.

3. By Craniotomy the skull of the child is punctured and the brain extracted. The ensuing contractions of the womb reduce the volume of the head and expel the child. But when this reduction of the head is not effective, the child is drawn out with the hands, or with instruments.

* Antonelli, *Med. Past.* 1904, pp. 196, ss.

4. Craniotomy is applied principally in two cases: *a*) when the pelvis is too narrow, *b*) when the head of the child is too large. It is an old practice.

5. By Cephalotripsy—the crushing of the head—the head of the infant is compressed to such a degree that the blood and the brain burst the bones and the skin of the head. (This sounds horrible in English!) It is sometimes preceded by craniotomy in order to facilitate the operation. Also an old expedient. The percentage of mortality for the mothers is 30,4 (Antonelli, *l. cit.*) ; but the percentage of death for the hapless innocents is, of course, 100.

6. By Cephalotomy the head of the child is cut in two lengthwise. It is employed when the ferocity described above, does not accomplish its purpose. The percentage of mortality is 21,3, exclusive of the children.

7. By Sfenotripsy the base of the skull is punctured in various places. According to Dr. Hubert, 16,66% of the mothers die when the narrowness of the pelvis is moderate (80—64 mm.), and 12,05%, when the narrowness is extreme (at least 65 mm.).*

* Antonelli, *op. cit.* p. 197.

8. Embryotomy means either of these two operations: *a*) decollation, when the head is severed from the trunk; *b*) detruncation, when the chest or the back is ripped open. This operation is applied when the child presents the trunk at delivery; it is then cut into several portions and thus extracted.

9. When none of these operations avails, the physician resorts to evisceration, whereby the abdomen, or the chest is opened, and the intestines drawn out.

10. All these operations are forbidden as murder; indirectly by the decree of the Holy Office of May 21, 1884, and directly, by that of Aug. 14, 1889, and by the Fifth Commandment of God.

11. It is revolting to the sense of man to think that a defenseless, helpless infant should be treated, at the hands of *science*, like a piece of raw beef, just because this much vaunted *science* shirks the duty of performing the Cesarean Section, an operation, perhaps requiring a little more skill, but at least equally as effective of the desired result, as these, and by far less destructive of human life, whose care is committed to the physician, be it nascent or matured.

12. Craniotomy, therefore, has lost all feat-

ures that would recommend it in the sight of the Catholic, physician, parent, or adviser, and we should pass it over now, had it not some features that suggest a comparison with the Cesarean Section and laparotomy.

For, first of all, the advocates and incorrigible abettors of this inhuman cruelty to innocents, endeavor to prove by statistics, that its application is less dangerous to the life of the mother, than the application of the classic Cesarian operation, or laparotomy.

Now, statistics can be made a very supple material, and cannot *prima facie* influence the correct deductions of science, whether natural or religious (medical or theological).

Moreover, the statistics of a progressive art or science must fetch up with the progress of that art and science. It would be idle to base a twentieth century conclusion on a nineteenth century calendar of surgery.

And then, the elements of success and failure alike must not be ignored, or wantonly set aside to "make things tally."

A Cesarian operation may fail of complete success, where craniotomy also would have failed, more dismally than the former, had it been applied. We say, "of complete success,"

because the Cesarian operation always saves *one* life, and generally, *two*, whereas craniotomy always and ever destroys one life, and jeopardizes 30% of the second.

Hence we would suggest—life for life—that such statistics do not only relate the death-rate of the mothers, but the full percentage of *all lives* lost or saved. For in one successful Cesarian operation we have two lives saved; in an unsuccessful one (as the term is taken by the profession), generally only one life lost (that of the mother); in craniotomy, one life is certainly lost—doomed by the very purpose and method of the operation; and if the operation is not successful in the sense of the medical science, two lives are sacrificed. In thirty successful Cesarean operations, sixty lives are saved; in thirty unsuccessful ones, thirty lives are saved. In thirty *successful* craniotomies, thirty lives are given to Moloch; in thirty unsuccessful ones, sixty lives are lost.

The Cesarean operation is undertaken for the safety of the child, with much discomfort but little risk to the mother; craniotomy aims at the safety of the mother, with equally as much discomfort to her, and *more risk*, by means of destroying the child. The former generally

saves the mother together with the child; the latter always *kills* the child to save the mother.

As to the relative danger of these operations to the life of the mother, it must be said, that *ceteris paribus*, the odds now stand decidedly in favor of the Cesarean section. As to the pain attending these operations, neither causes as much as a difficult delivery, in view of the skill and methods of modern surgeons. As to the physiological consequences, craniotomy is more apt to cause lasting injury than the Cesarean section. As to the moral consequences, craniotomy tends to loosen the moral complexion of mothers, and of society at large, by legalizing murder; whereas the Cesarean section strengthens the conviction (or brings it), that marriage has its own sufferings and hazards, which must be borne with humility and patience, instead of thrusting them on an innocent child with a wave of the hand.

These conclusions are substantiated by the following tables and arguments:

Dr. Olfers (Past. Med. pp. 20—21) gives the following statistics,* after he voices his

* Dr. Olfers defends craniotomy very strenuously, although he also considers it illicit, after the decree of May 21, 1884.

assent to the condemnatory decree in these words:

“With this (decree of May 21, 1884), therefore, the illicitness of craniotomy is decided, and the Cesarean section substituted in such cases. St. Alphonsus says, the mother must not prefer death to the Cesarean operation in this case: ‘In the case where the woman is robust and the surgeon experienced, so that there is hope of saving the child, she is held to suffer the incision. And really the danger is most commonly considered to be remote, because on account of the greater skill of our surgeons, both mother and child are often saved: but, on the contrary, if the incision is omitted, women are placed in a danger scarcely less, because the dead fetus cannot be dismembered in the womb without grave danger to the mother’s life.’ “The last sentence,” Dr. Olfers continues, “namely, that craniotomy endangers the life of the mother as much as the Cesarean operation, was indeed formerly true, but is true no longer; the danger for the mother is very slight in view of the present standing of surgery. In all the clinics, and polyclinics of the Prussian state, 89 craniotomies were performed in the year 1889—90. Only four of the mothers, that is, 4.5%, died.

But of the twelve women who submitted to the Cesarean incision, also four, hence, 33%, succumbed to the attack. Let the casuists decide, if this comparison must move the confessor, as Gury, II. 141, has it, to avoid urging the mother too much *sub gravi* to consent, so that she may not be exposed to the danger of committing a mortal sin, if she persistently refuses.

“But in many cases this alternative may be declined by the timely induction of artificial premature delivery, that is, by the induction of parturition at a time when the child is already viable, but so small that it can still pass the natural channels. Scanzoni points out in general the twenty-eighth week of pregnancy, i. e. six and one half calendar months, as the earliest period for this operation. In very urgent cases this period may be anticipated, since it is a matter of fact that also younger fetus, of five months’ gestation, have lived.*

“With what success for the preservation of life this operation is applied, is shown by statistics. In the same year (1889—90), of which we have quoted the clinical figures for

* It is interesting and important to note that the beginning of viability is dated back to the end of the fifth month with greater assurance every day.

craniotomy and the Cesarean section, 42 parturitions were artificially induced. Of the mothers, one died, and of the children, twelve. The death-rate for the mothers, therefore, was 2,3%, in premature birth, as against 4,5%, in craniotomy, and 33% in the Cesarean section. The death-rate of the children, of course, is 100% for craniotomy; in the Cesarean section it was 41,6%, and in artificial premature birth, 27,3%.

“From these figures it is apparent, what beneficial results might be obtained, if the clergyman either in person, or through others, would opportunely call the attention of young women to the fact that it is all-important for them to obtain certainty of these conditions, as soon as they know they have become mothers. There is no doubt that much anguish of mind, much bodily pain would be spared the women, weighed down, as they are, by the inevitable difficulties* of the married state.”

So far Dr. Olfers.

Now, on the basis of ethics, Dr. Olfers’ list of figures stands in need of correction. The safety of the life of the child is as much the

* Pope Gregory IX says of the lot of women: “*Ante partum onerosus, dolorosus in partu, post partum laboriosus.*”

object of the Fifth Commandment and the concern of the moralist, as the safety of the mother's life. Hence, taking the positive results, or the success, of the various operations which he quotes, we find of

	lives,	saved,	lost,	% lost
in 89 craniotomies	178	85	93	52,4
" 12 Cesarean op.	24	20	4	16,66
" 42 prem. births	84	71	13	15,5

From these figures it is evident that the induction of the premature birth is the most wholesome assistance rendered to mother and child, and the least injurious to the rights of the child. But this is in the nature both of the operation and the conditions under which it is applied. The conditions of craniotomy and of the Cesarean section are far less favorable. Craniotomy compares most unfavorably; not because its conditions are more desperate, but because it is the direct taking of the one life; it should once for ever be discountenanced, as it is by the most reputable obstetricians. It stands convicted of inaptitude before the tribunal of science as much as before that of morality. The Cesarean operation must always take its place when the artificial birth of the viable fetus cannot be produced.

The figures of more recent and more comprehensive statistics add weight to this conclusion. We give here the figures quoted by P. Eschbach of the year 1900 (op. cit. p. 343), who refers to "Traite de l'art des accouchements par Tarnier et Budin," Paris, 1901, tome IV, p. 516, in favor of the Cesarean section:

Names of Operators.	Operat.	Success.	Failures.
Drs. Leopold	76	69	7
Reynold	22	22	0
Pasquali	9	8	1
Olshausen	29	27	2
Zweifel	76	75	1
Charles	10	10	0
Bar	14	13	1
Chrobäck	10	9	1
Schauta	58	52	6
Braun	34	30	4
Gummert	8	8	0
	—	—	—
	346	323	23

Hence almost 94 per cent. of the operations were successful, or, not quite 7 per centum ($6\frac{2}{3}\%$) failed; which means that of 692 lives in mortal peril, 669 were rescued by the Cesarean section!

"It must be remembered, too, says Father Eschbach (op. cit. p. 344), that the skill and prudence of the experienced has reached such a point that now they open the maternal womb and safely extract the child with barely any shedding of blood."—"It is absolutely true," the learned Guermonprez* writes to us, "that thanks to the progress of surgery these latter years, this operation is rendered almost bloodless, i. e., without any effusion of blood."

What, then, is the duty of priest and physician in the case when the mother is found in peril of her life at delivery, and could be saved by the application of the Cesarean incision, as also her child, but insists upon craniotomy?

This mother can reasonably insist upon craniotomy only for one of these reasons: Either she fears the inexperience of her medical attendant, or she dreads the loss of blood, or the consequences of the narcosis, or, she has been falsely persuaded by her husband, or others, that craniotomy is the safer operation, and that she may *tuta conscientia* demand it.

If she *reasonably* doubts the skill and experience of the obstetrician, procure a better one,

* Professor Guermonprez to Father Eschbach.

if there is time; if not, and she is *bona fide*, let her have her peace of conscience, and proceed with the sacraments, as in the case of *conscientia erronea*. And it is not easy to *suppose* a *false* conscience in a woman so filled with mental agony and physical pain as to be on the verge of mental derangement. If fear is so violent as to bear upon reason with uncontrollable force, causing a mild state of temporary aberration of the mind, it certainly hinders the movements of the will and clouds the understanding (St. Thomas, S. Theol. 1—2, 6, 6; and 9, 2.), and an act committed in this state, is beyond moral censure. This state may generally be ascertained from the external condition of the unfortunate mother. She is wild-eyed, restless, trembles over the whole body, and asks for deliverance from her pains with an intense and pitiful anxiety.

But if any of the other reasons quoted above obtain with her, and there is hope of convincing her of the error of her position, as there surely is in many cases, let the confessor or the physician adduce such reasons as will dispel her prejudice, and then proceed with the sacraments, and the Cesarean operation.

A PRACTICAL AND INTERESTING QUESTION.

A more interesting and more delicate question is the following:

Must the confessor, contrary to the teaching of older moralists, *oblige* the mother in conscience to submit to the Cesarean section, when otherwise she could not be saved from death, and her child would die without baptism?

The opinion of the ancient moralists was based on what ground medicine could furnish them at the time. Before the advent of modern surgery, the Cesarean section had to be considered an extraordinary remedy, as a most serious and dangerous operation. The danger of blood-poisoning, fatal floodings and lacerations, etc., etc., were by no means excluded. But now, these dangers are reduced to a scarcely calculable minimum. The only serious danger that remains under the hands of an experienced operator, results from shock. But this, too, can be minimized by the comforting words of either the spiritual or the medical adviser, or often entirely prevented by the application of ether or chloroform.

The decision of this case from the view-point of the moralist, must, therefore, be based on new grounds. The new position is aptly set

forth by Father Joseph Alberti (Pars Theol. Past. Ed. II. Rome, 1898, pp. 60 ss.):

“When the mother is unable to bring forth the child, so that the Cesarean section must be applied: I. I state that it is taken for granted by all theologians, that nobody is obliged in conscience to employ *extraordinary means* of safety. But we know that the Cesarean section is an *extra-ordinary* means; hence, *per se* a woman is not obliged to submit to it in order to save her life. Yet, because in these circumstances the right to life of the mother comes in collision with the right to the spiritual life of the child, two suppositions are possible: if the child can at all be baptized without the mother undergoing the operation, she is not obliged to submit to it; hence she may permit her own, and her child’s death; but if the child cannot be baptized unless the operation be applied, we must distinguish: if the operation will certainly cause the death of the mother, she is never obliged to go under the knife; if, however, both the temporal safety of the mother and the eternal salvation of the child can be secured with equal probability, in a probable doubt of either, the mother is obliged to give preference over her temporal life to the spiritual life of her

child, and must, therefore, suffer the operation (St. Thom. p. 3. *quaest.* 68;—St. Alphonsus, *Op. Mor.* I, VI. 106).

“Hence, as to the administration of the sacraments, it makes a difference whether she refuses or not, when she is *convinced* that she is obliged to undergo the operation: if she refuses, the sacraments cannot be given, because it is plain that she commits a grievous sin; if she consents, the sacraments of Penance, and Holy Eucharist as *viaticum*, may be given, and also Extreme Unction, if the operation threatens to be very dangerous.—If the mother is in good faith about the gravity of her obligation” (*op. cit. num. 54, III.*), “we must distinguish: If we foresee that the admonition will be fruitful, it must be given; if not, then, according to the common doctrine of the theologians, she must be left in good faith, lest the sufferer fall from a material into a formal sin.”

“If the Cesarean operation cannot be performed, no operation directly fatal to the child, can be performed.—Nay, it is a crime to place a cause, by which an immature fetus is expelled from the maternal womb, although it be expelled alive (S. C. S. O. May 28, 1884.—Aug. 9, 1889.—Jul. 25, 1895).

“But what is to be done when the mother is dead or dying, and the child still unbaptized?—

“When the mother is dead, the pastor *is obliged to have the operation performed* in order to baptize the child if it can be presumed to be still living. (Scav. IV. 297.).”

“When death is imminent, the pastor must

- a)* Persuade the relatives of the patient of their grave obligation to allow the Cesarean section for the sake of the baptism of the child;
- b)* Call any surgeon or obstetrician of the place, who should be ready to operate as soon as the legal assurance of death is procured;
- c)* Inform the civil authorities, so that the visit of the board of health may be made immediately after the demise for the purpose of pronouncing the legal assurance (with us, the attending physician's testimony suffices);
- d)* After the death of the mother, her mouth should be kept open by introduc-

ing a tube,* by which pure air may be conveyed into the womb, and the womb should be kept warm by applying cloths warmed at the fire;

- e) When surgeons and obstetricians refuse to listen to him, and when the civil official declines to act, let him seek to coerce them by invoking the assistance of the local police;
- f) If his appeals profit nothing (as will be the case ordinarily with us), the pastor himself must not undertake this very difficult and grawsome operation; nor must he commit it to the hands of inexperienced persons. But he must see to it, according to the opinion of the modern theologians, that baptism be administered by means of some obstetrical instrument through the ordinary channels.” **

* P. Eschbach (*op. cit.* p. 359) calls this a vain undertaking, “because”, he says, “the child does not perish from the want of respiration in the mother.” He is certainly right. For the lungs of the dead do not draw in or use the air at all events, and the child in the womb cannot breathe through the tube in the mouth of the mother. Respiration is a vital process, and not merely the passing-in and out of the air.

** Alberti, *op. cit.* pp. 60-62.

The priest, therefore, is not obliged, either to perform the operation in person, or to baptize the child in the womb, since these actions are universally held to be inconsistent with the priestly character and decorum. (See Decree of Feb. 15, 1760.)

(Father Eschbach, also, treats this subject very extensively, and in the same tenor, *op. cit.* Disp. III.).

There is still another point of vital importance involved in the consideration of the Cesarean section, on which the views of physicians are divided to the very extreme limits. It is this: "How long can a child sustain life in the womb of the dead mother?"

It stands to reason that various circumstances must be reviewed in answering this question. What reduces the chances of life in the *unviable* fetus, does not enter at all into the life-conditions of the *mature* child about to be born but for the attending difficulties.

The *unviable* fetus, often (if not generally) dies before the fatality overwhelms the mother; the *viable* child may be suffocated in the effort to facilitate the delivery.

It is impossible to fix the limit of vitality for the child in the womb, once that Death has pitched his tent so near.

There are recorded many cases of children rescued by the Cesarean section after the death of the mother; for example, St. Raymond *Nonnatus* was taken from the womb of his dead mother *three* days after her death; princess Pauline of Schwartzenberg perished in 1810 in a conflagration during the wedding festivities of Napoleon I, and when her womb was opened the *next* day, a living child was found; on March 31, 1846, a woman who had been dead from drowning *four* days, was found to bear a living child (L'Univers, April 9, 1846).*

Cangiamila relates many cases of this kind, some of them so extraordinary, that they hardly merit credit.

Now, to be practical:

When the mother dies during the *earlier* period of pregnancy, before the end of the third month of gestation, great care must be exercised in the operation, so that the tender fetus may not be exposed to additional danger before it can be baptized. Dr. Marx (Past. Med., p. 103), says:

* Confer Eschbach, op. cit. Disp. III.

“With the fruits of the earlier periods it is always a case of *mortis articulus*, nay, in most instances death has overtaken them before they may be born. Hence I am of the opinion that a fruit not older than five months thus expelled, should be baptized only *sub conditione*. In the expulsion of the fruit in the first months there is, in the first place, a separation from its field of nutrition, the wall of the womb. This results first in hindering, and gradually also in stopping the flow of the vital arterial blood from the maternal blood vessels. Now, the organs of the fetus and the tissue from which they grow, are at this period developed so meagerly that there can be no thought of life after the suspension of this vital condition....” Then Dr. Marx rejects as erroneous the following opinion of Dr. Olfers (Past. Med. p. 15, Olfers): “In artificial abortion the fetus is not killed directly;* but it causes only the contractions of the womb, either by medicines or mechanical means, so that the fruit is nearly always expelled alive, unless it died from some other reason.”

It is true, these physicians speak of the con-

* This assertion, by the way, is the key to his position on the case of the perforation of the amnios.

dition of the fetus in connection with abortion (and contradict each other!), and we, in connection with the Cesarean operation to be performed after the death of the mother: but the Cesarean operation must face the same conditions in the case of unviable fruits. What we wish to learn from these men is, that a fetus is put in a very precarious condition when it is interfered with at all in the early stage of pregnancy.

But it should be remarked here that Dr. Olfers' views agree with those of Dr. Capellmann on the condition of the expelled fetus, if the expulsion takes place in the first three months: "Here we must distinguish three periods. First, the period up to the end of the third month, because until then the *ovum is almost always rejected whole.*" (Capellmann, *Past. Med.* p. 139.)

Stoehr-Kannamueler (*Past. Med.* pp. 451—452) makes this pertinent comment:

"According to the Roman Ritual the womb of every pregnant woman must be opened after death for the purpose of administering baptism to the fruit. But practically the priest is rarely in a position to demand the Cesarean section before the fortieth day, or the physician, to perform it; since probably in half these cases a pregnancy cannot even be ascertained. And,

therefore, I do not consider it a question for the serious discussion of physicians, whether, and how long the ovum can live after the mother died at an early stage of the pregnancy. In the pastoral and medical practice generally only the more advanced, nay, the most advanced stages of pregnancy will be presented for assistance; and the prospects of success will then be the more favorable, the nearer the day of the operation is brought to the normal end of the pregnancy, the stronger the constitution of the mother, and the less it is to be feared that the ailment which took away the mother, also threatened the life of the child."

It would, therefore, seem reasonable to conclude: 1) The children to be extracted after the death of the mother are more likely to be found alive than those that are extracted by violence (before viability) from the womb of the diseased mother; because in the case of the former, the natural elements of the children's condition are left untouched until the blood of the mother has grown cold, or even, until it has begun to decompose perceptibly.

2) Those cases in which the children have been found alive after two or three days, are so rare, if true at all, that Dr. Stoehr is probably

right in thinking that it is asking too much of a man to believe them. (Past. Med. p. 453.)

3) The viable fetus may be extracted without danger before it is baptized; and even if it should show no signs of life, it must at once be baptized conditionally, "*si vivis*."

Dr. Stoehr (op. cit. p. 371) relates a very telling case of his own experience, where a newly born infant, seemingly so much dead that the midwives began to ridicule the labors of the conscientious young physician who had been working over the child for over half an hour, was brought back to life, baptized, and lived twenty hours, even after an interruption of the attempts at revivification. Dr. Stoehr confesses, too, that from that day he habitually worked more persistently and much longer over newborn children who gave no sign of life, than even over adults apparently dead, and often with splendid results after long-continued and apparently hopeless efforts.

3. If the Cesarean section must be performed *post mortem matris* in order to save an *unviable* fetus for baptism, it should be borne in mind that the *secundina* must be opened carefully and slowly, in order to prevent a sudden spilling of the amniotic water which would

result in the death of the fetus. At the same time it need not be feared that the contact with the air will instantly kill the fetus (or embryo). But in the case of a very diminutive embryo, of less than six weeks' gestation—(which will rarely become the object of medical or pastoral solicitude)—Debreyne suggests baptism by immersion of the ovum, i. e. of the fetus together with the secundina, in the baptismal water. Capellmann thinks this precaution unnecessary, and would rather confer baptism by aspersion or infusion, "since after six weeks," he says, "the fetus is so large (17—25 mm.), that it can easily enough be baptized by infusion" (op. cit. p. 141).

It is well also to note that no time should be lost, in such instances, in looking for signs of life; but the proper mode of proceeding is to baptize immediately on presentation of the fetus: conditionally, indeed, "*si vivis*," if there is no sign, or reasonable doubt of life; with the condition "*si es capax*," if baptism is to be conferred by the immersion of the opened ovum. Of course, whenever the existence of life is manifested by a movement or pulsation of the heart, or, rather, what would develop as the heart, baptism is conferred absolutely, if only the fetus

can undoubtedly be touched by the stream of salvation.

Dr. Capellmann (op. cit. p. 140) gives an advice that appears to be inconsistent with his views of the physiological existence of the fetus:

“When the ovum,” he says, “is carefully opened, and the water is discharged slowly, i. e., not suddenly, the contact of the air will not kill the fetus instantly, no matter how small it may be. Too much time must not be lost in looking for signs of life; but if the ovum is fresh (not discolored or decomposed), and the fetus white (not yellowish or brownish), baptism must be administered immediately after the opening of the ovum: *“si es capax.”*”

Anent the placing of this condition *“si es capax,”* we would note that after Dr. Capellmann’s description of the circumstances, the fetus is freed from the water of the womb and can *undoubtedly* be touched by the baptismal water: why, then, this condition instead of *“si vivis”*? For no other doubt can remain, except, perhaps, a doubt of the presence of life.

Dr. Capellmann must admit either 1) that the *secundina* together with the amniotic water, constituting, as they do, in union with the *early* embryo the totality of the conception, the ovum,

may be considered part of the child, after all, at that early stage when the existence of the embryo in this connection is an indispensable condition of its life.—But then, the good physician should not have advocated the destruction of this union in his case of the perforation of the ovum.

Or 2) that there is danger that the baptismal water may not, perhaps, touch the fetus swimming in a remnant of the amniotic liquid: and then he cannot consistently contradict Debreyne, whom he quotes, as the advocate of baptism by immersion of the entire opened ovum. For, if the baptismal water cannot with absolute certainty be poured on a fetus from six to twelve weeks old, after the amniotic water has been at least partly withdrawn, which Capellmann intimates by insisting on the condition "*si capax es*," what difference can it make, if, with equal uncertainty, one baptizes the same fetus by immersion, when he must make the same condition?

Moreover, in a note Dr. Capellmann recommends baptism by immersion to the inexperienced; and the baptism of very small fetus, in the same manner, to anyone, indiscriminately.

We would explain Dr. Capellmann's contra-

dition in this manner: The older theologians required of him who was to baptize a fetus that could not safely be separated from the ovum, to immerse the entire ovum with the condition: "*si es capax*"; then to open it carefully, and upon finding a fetus not evidently dead, to repeat the sacrament conditionally: "*si non es baptizatus*," and in doubt of life: "*et vivis*." *

Hence that condition, "*si capax es*", has held over from the time when both medicine and theology considered the total ovum, child and part of the child, and Dr. Capellmann copied it unwittingly, contrary to his assumed position on the physiological existence of the fetus. But the proofs of this assumption, which medicine has so far advanced, are not convincing enough to remove a doubt so universal in the writings of eminent theologians, and so grave by virtue of the necessity of baptism; for "*in dubio tutius est sequendum*."

If, therefore, the physician succeeds in baring the live fetus from the ovum, it must be baptized absolutely; if there is doubt of life, conditionally, "*si vivis*"; but when the fetus can not safely be separated from the water to warrant absolutely

* Konings, *Theol. Moral*, Num. 1260, 2.

the timely contact with the baptismal stream, the ovum must be immersed after careful opening, and the condition applied: "*si capax es.*"

Physiology has not yet advanced a final argument in favor of the theory, "that the *secundina* is *at no time* part of the fetus"; because the *secundina* develops simultaneously with the embryo from the fructified ovulum, as much as the fruit of the cherry tree: stone, germ, flesh and skin, develops from the blossom. The germ, fully ripened, throws off its involucra; but it does not throw them off at the early stage of formation, because they are part and parcel of the fruit like the nascent germ itself; and the germ only gradually becomes the *sole* object of the work and intention of nature: it remains even after skin and flesh are decayed, after the shells are split, and the filling has been consumed in the process of a new generation, a self-sustaining, viable germ.

We make the limitation: "*at no time*," because it cannot be denied that at the moment when the germ, human or otherwise, has attained a stage of comparative maturity, when with special care and assistance—(we are dealing with *animal* life)—it may exist for itself, that which was at first an indispensable condition of life and

existence, now becomes mere wrappings for protection. Science has not yet determined that moment for the human germ.

The *decidua*, however, is never part of the fetus, because it is formed from the membrane of the womb, and thus belongs entirely to the mother.

We conclude this treatise on craniotomy and the Cesarean section with the warning of Stoehr-Kannamueler (op. cit. p. 449):

“One more point must be mentioned. If the mother in labor refuses the application of the Cesarean section, even after the gravity of the moral obligation, wherever it exists, has been earnestly set forth, then there is nothing left for the physician to do, if the child is alive, than to await the death of the mother in the name of God, and save what may yet be saved by laparotomy after death. His conscience forbids him to offer any other assistance.”

CHAPTER II.

THE PORRO OPERATION.

1. This operation consists in the amputation of the womb together with the ovaries, and ducts or tubes. Its invention is ascribed to Edward Porro, a professor of surgery at the university of Pavia, who applied it for the first time in the year 1876.

2. Physicians resort to this operation (1) when the Cesarean section might result in the death of the mother from hemorrhage; because, they say, the Porro section is not accompanied with such profuse bleeding; and (2) when there is danger that in the next delivery (or pregnancy) the mother must again face death.

This operation removes all the internal organs of generation, they claim, and, therefore, makes a future conception and the concomitant dangers impossible; lastly (3), when for any other reason, or for none, a woman declines the burden of child birth.

OBSERVATIONS.

3. a) The Porro operation involves a serious mutilation of the human body. But this is permissible only when the member to be amputated threatens the safety of the whole body, and other remedies are not available for a cure. St. Thomas expresses this rule as follows: "*Membrum non est praescindendum propter corporalem salutem totius, nisi quando aliter toti subveniri non potest*" (S. Theol. 2—2. 9, 65, a. 1. 3.). We must not amputate a member for the bodily welfare of the whole, except when other means will not avail."

This is the universal doctrine of the theologians. When, therefore, conscientious physicians have come to the conclusion that the conditions of a case are such as will not permit the success of the Cesarean section, they may safely apply this method.

But we cannot help calling attention to the words of Drs. Stoehr-Kannamueler and Guermonprez, to the effect, that the Cesarean section can now be performed without much spilling of blood. Hence it would seem but reasonable to conclude, that the success of the Cesarean section depends largely upon the experience and skill of the operating surgeon, to the lack of which

qualifications the moral principle quoted above from St. Thomas does not apply.

(b) The Porro section renders illusory the principal purpose of matrimony—or, rather, of its use—the *procreatio prolis*.

It is evident that this effect is not, or need not be, intended when this operation is undertaken as the last measure for saving the mother's life; therefore, it does not necessarily and *per se* enter into the question of its licitness. But when this effect is made the sole object of the operation, so that the operation would not be undertaken but for the sake of ensuring that effect, it is sinful, no matter what other reasons may be advanced in defense of it.

They urge as one reason, that "a woman whose life is endangered by every pregnancy, would be condemned to a life of forced continence, which is unnatural; therefore, the operation should be permitted."—

But may the same reason not also be advanced to protect an emasculated husband, or a eunuch?—

It is indeed impossible at present to give a theoretical decision on this question in so far as it touches the matrimonial section of Canon Law; for, 1) many able and experienced phy-

sicians deny that the removal of the ovaries alone insures safety against the natural consequences of conjugal intercourse. The reason is, that the amputation may not be so complete and radical as to frustrate the constant attempt of nature to rebuild and reconstruct, what was believed to be extirpated.

2) The Holy Office has decided (Feb. 3, 1887), that the marriage of a certain woman, who had undergone the excision of the ovaries, was not to be prevented.

Still, we should not overlook the fact that this decision, together with another one given July 30, 1890, in favor of the marriage of a certain woman from whom both ovaries as well as the womb had been excised, was rendered for particular reasons which have not yet been disclosed, and in *private cases*. Such decisions must not be interpreted as covering all similar cases, unless we disregard the rules of interpretation laid down in Canon Law. On the contrary; the universal teaching of the theologians pronounces against the total absence of the essential organs of generation, whether internal or external, as against what is commonly accepted to be the canonical impediment of impotency.

Father Antonelli quotes Amort, among others, on this head, as follows:

“Si sterilitas causata fuerit artificaliter per potum seu venenum sterilitatis, constituit verum impedimentum dirimens matrimonii titulo impotentiae; quia hoc venenum destruit seu corrumpit ipsa organa generationis, nempe ipsam matricem, ovaria, vel testiculos.”*

(*De Mul. Excisae Impotentia*, p. 45. 1903).

The Holy Office has certainly not overturned the common doctrine. But it is not the scope of this work to meddle with the two knights now in the lists, battling for the prize in this celebrated discussion, Fathers Eschbach and Antonelli.

An abundance of valuable information and—entertainment can be found in the works of these two celebrated authors:

P. Eschbach, “*Disput. Physiol. Theol.*,”

J. Antonelli (1) “*De Conceptu Impotentiae*,”

(2) “*Pro Conceptu Impotentiae*,”

(3) “*De Mul. Excisae Impotentia*.”

So much is certain, however, that the Porro section is a very dubious expedient at best in

* We cannot expect *Amort* to know of the Porro section, but he speaks of effects identical with those of the total excision.

"desperate cases," and that, except in truly extreme cases, it cannot lawfully be applied without violating the principle so concisely stated by the greatest master in theology.

The classic operation in all very difficult cases is the Cesarean; and for this reason it is championed by all conscientious and skilful physicians as the most moral, the least perilous, and the most efficient remedy of a really desperate case of parturition.

CONJUGAL ONANISM.

The examination of this sore on the social body should probably be comprised in the view of this treatise; not as if it constituted one of the perils of embryonic man, but rather, because it is so widely substituted for the remedies of those perils. But the matter looking so unclean in English, and moral theology according it its proper meed of consideration, we will content ourselves with giving just a word of advice for its pastoral handling.

I. The confessor who insists upon physiological deterrents against this crime, must be ready to meet both the godless medical adviser who counsels and instructs married people in the perpetration of this *crimen nefandum*, and

also the parties interested, who will gainsay and laugh to scorn his warnings and threats on the ground of a robust constitution and the tardiness of outraged nature in meting out its terrible retribution. The confessor should insist principally on the immorality of the act, threatening, like St. Paul, eternal damnation. If this does not have the desired effect, treat them as incorrigible *consuetudinarii*. Leniency in such fearful danger of mental blindness is misplaced.

2) Race suicide is menacing the existence of nations and parts of nations now, and will not be stemmed by gentleness. God did not send Onan to a retreat, but smote him dead on the spot. The ogling with conjugal cowardice,* is abetting an evil that contravenes the very purposes of the creation of man as man and woman, and renders its abettor as guilty before the Creator and Judge as the perpetrator.

* Dr. Marx (*Past. Med.*, p. 122) says: "The shattering of the marital life through Onanism is the principal source of the disaffection of the men in France toward the church. In the *Compte-Rendu* of the year 1884, it is expressly stated, that in those departements, v. g. in the Bretagne, where such immorality is not practiced, religious life is found in full bloom.

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